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**Cornerhouse Referral Form**

Please return this form to: [admin@wearecornerhouse.org](mailto:admin@wearecornerhouse.org)

If you require any further information on our services please get in touch on (01482) 327044

Due to a change in resources and capacity at Cornerhouse we can NO LONGER accept low level Internet safety referrals. Any questions please call Cornerhouse to ask for advice on this subject BEFORE referring

Please DO-NOT close the case before we have allocated the referral as there is no guarantee we will allocate the case- if your referral doesn’t meet our threshold/ has insufficient information we will contact you.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information of Young Person Date of Referral:15/05/2018** | | | | | | | | | | | |
| **Name(s)** |  | | | | | | | | | | |
| **Ethnicity and language spoken** |  | | | | | | | | | | |
| **Gender** | Female Male  Trans | | | **Sexuality**  **if known** | | |  | | | | |
| **Disability or additional needs** |  | | | | | | | | | | |
| **Address** |  | | | | | | | | | | |
| **Contact Details**  **(i.e. telephone, e-mail etc, please state if this is the YPs mobile)** |  | | | | | | | | | | |
| **School** |  | | | | | | | | | | |
| **DOB of YP** |  | | | | | | | | | | |
| **Age of YP** |  | | | | | | | | | | |
| **Is YP aware of referral?**  **And has consent to share personal data been gained?** | By making this referral Cornerhouse assumes that you have gained the YPs consent to share their personal data in accordance with Data Protection GDP regulations.  **Yes  No** | | | | | | | | | | |
| **Name of Parent/Carer:** | | | | | |  | | | | | |
| **Relationship:** | | | | | |  | | | | | |
| **Contact details:** | | | | | |  | | | | | |
| **Is parent/ carer aware of referral and consent to share their personal data** | | | | | | **Yes  No** | | | | | |
| **Referral Information** | | | | | | | | | | | |
| **Referral Source** | **Agency** | |  | | | | | | | | |
|  | **Contact Name** | |  | | | | | | | | |
| **Contact Details** | |  | | | | | | | | |
| **If you are not the social worker and social care is involved please give details below:** | | | | | | | | | | | |
| **SW Name** |  | | | | | **Contact details** | | |  | | |
| **Reason for Referral**  **Please give relevant information.** |  | | | | | | | | | | |
|  | | | | | | | |  | | | | |
| **Please indicate which of the below are evident within this referral.** | | | | | | | | | | | | |
| Sexual health concerns | |  | | Gender and sexuality | | | | | |  | | |
| CSE (please complete CSE risk assessment) | |  | | Boys and young men’s support | | | | | |  | | |
| Unhealthy relationships | |  | |  | | | | | |  | | |
| **CSE Risk Assessment** | | | | | | | | | | | | |
| Regularly Going Missing | |  | | | Drug and Alcohol Misuse | | | | | |  | |
| Sending/ distributing indecent images | |  | | | Homelessness/ sofa surfing | | | | | |  | |
| Reduced Contact with Family/Friends | |  | | | Being Groomed on Internet | | | | | |  | |
| Interacting with a new peer group | |  | | | Report of involvement in Child Sexual Exploitation (CSE). e.g. seen in hot spots | | | | | |  | |
| Poor Self Image | |  | | | Older Boyfriend/Girlfriend | | | | | |  | |
| Self-Harm | |  | | | Unaccounted Gifts | | | | | |  | |
| Associating with Sexually Exploited Children | |  | | | Associating with Unknown Adults | | | | | |  | |
| **Known or believed perpetrators. Names/Addresses/Descriptions and/or Aliases** | | | | | | | | | | | | |

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| --- | --- |
| **Work previously completed by other agencies.** |  |
| **What support does the YP require?** |  |
| **Any other agencies involved, please list workers and contact details known.** |  |
| **Where did you hear about us?** |  |