**Early Help Referral form**

**Details of person/family to be referred**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Gender |  |
| Ethnicity |  |
| School / College / Employment |  |
| Link member of staff (if known) |  |
| Any additional needs (special educational needs; medical etc.) |  |
| Address |  |
| Phone No. |  |
| Email |  |
| Has child / young person agreed to this referral? |  |

**Parent/Carer details**

|  |  |
| --- | --- |
| Name |  |
| Relationship to person being referred |  |
| Address (if different from above) |  |
| Phone No. |  |
| Email |  |
| Has parent / carer agreed to this referral? |  |

**Other family member details**

|  |  |  |
| --- | --- | --- |
| Name | Date of birth | Contact number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Referrer details**

|  |  |
| --- | --- |
| Referring organisation |  |
| Name |  |
| Position |  |
| Phone No. |  |
| Email |  |
| How long have / will you be working with the person/family? |  |

**Main reason for referral** please tick just one (or refer to Surrey’s Level of Need L2 criteria & specify below)

|  |  |  |
| --- | --- | --- |
| Parenting support [ ]  | Non/Poor school attendance [ ]  | Parental substance misuse [ ]  |
| Domestic abuse (parent conflict/child to parent) [ ]  | Family relationships [ ]  | CYP as a carer [ ]  |
| CYP behaviour [ ]  | CYP mental health [ ]  | CYP exhibiting risky behaviours [ ]  |
| CYP with SEND/ADHD/ASD [ ]  | Parental mental health [ ]  |  |

**(Surrey’s Level of Need L2 criteria)/What do you hope might change for the child/young person/family?**

|  |
| --- |
|  |

**Who else has been working with the child/young person/family?**

|  |  |  |
| --- | --- | --- |
| Name | Agency | Contact number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Based on your knowledge of the child/young person/family are there any risks that you know about that may impact on support?**

|  |
| --- |
|  |

**Any other information that YMCA East Surrey should be aware of?**

|  |
| --- |
|  |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If possible, please support the child/young person/family to explain why they would like to be supported and what they would hope to gain:

|  |
| --- |
|  |

I have agreed to share the above personal information with YMCA East Surrey and their partner agencies and understand that it will be treated in the strictest confidence.

Signature of young person/parent/carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note verbal agreement from parent / carer is acceptable.

**Please return completed form to:**

**YMCA East Surrey EH Referrals Team**

**Email:** EHReferrals@ymcaeastsurrey.org.uk