**‘Level Up/Reset’ Professionals Referral Form**

Please return the form to [admindva@cranstoun.org.uk](mailto:admindva@cranstoun.org.uk) please password protect your document and notify us of the password in a separate email. Please do not include the password in the same email as the document you are sending.

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| **Referrer details** | | | |
| Name of referrer |  | Date of referral |  |
| Position |  | | |
| Name of organisation |  | | |
| Contact details Telephone/email |  | | |
| Consent given for referral by young person? | Yes No | | |

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| **Young person’s details** | | | | |
| Name |  | Date of birth | |  |
| Address |  | | | |
| Telephone Number(s) |  | Email |  | |
| Safe to call / text / leave voicemail (please give details) |  | | | |
| Pregnant | Yes  No  EDD | | | |
| Ethnicity |  | | | |
| Disability |  | | | |
| Sexual orientation |  | | | |
| Gender identity |  | | | |
| Substance misuse |  | | | |
| Mental health issues |  | | | |
| Other information that will inform risk |  | | | |

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| **Primary Carer details** | | | | |
| Name |  | Date of birth | |  |
| Address |  | | | |
| Telephone Number(s) |  | Email |  | |
| Ethnicity |  | | | |
| Disability |  | | | |
| Sexual orientation |  | | | |
| Gender identity |  | | | |
| Substance misuse |  | | | |
| Mental health issues |  | | | |
| Domestic abuse |  | | | |

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| **Other agencies involved** | **Details** |
| Health Visitor |  |
| Criminal Justice/Probation |  |
| Mental Health Services |  |
| Other Health Services |  |
| Other |  |

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| **Family members details** | | | | | | | | | |
| Name | M/F | DOB | Ethnicity | Relationship to Child | | | Name of School or College | | |
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| **If siblings living elsewhere please give details** | | | | | | | | | |
| Child | Name of Carer | | | Relationship | | Address | | | |
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| **Current Children’s Services Involvement** | | | | Child in Need | Yes  No | | | Date started |  |
| Local Authority |  | | | Child Protection | Yes  No | | | Date started |  |
| Social Worker |  | | | Any other legal orders in place | | | |  | |

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| **Reason for referral, case history and any other relevant information** |

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