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

Please return the form to 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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