**North East London Learning Disabilities & Autism Keyworking Referral Form**

**Referral form to be completed by a professional not young person or parent/carer**

**Please complete all sections, any incomplete sections will lead to referral form not being accepted.**

**Send the completed form to** **Keyworking@nelft.nhs.uk**

**Mandatory information**

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| **Date of Referral**:        |
| **SECTION 1: Eligibility for Keyworking** |
| **Is this young person on a Dynamic Support Register (**[**DSR**](https://www.england.nhs.uk/wp-content/uploads/2023/01/Dynamic-support-register-and-Care-Education-and-Treatment-Review-policy-and-guide-infographic-scaled.jpg)**)?** | [ ] Yes [ ]  No***If no, please refer to DSR (as Keyworking service only works with CYP on DSR register)***  |
| **\*DSR Locality:**[ ] City & Hackney [ ] Newham [ ] Tower Hamlets [ ] Waltham Forest [ ] Barking & Dagenham [ ]  Havering [ ] Redbridge | **\*DSR RAG Rating on date of referral:** [ ]  Amber[ ]  Red[ ]  Blue |
| **Has consent been given for this referral?*****If you have selected ‘no' please provide further detail and/or refer to your*** [***DSR Lead***](https://www.nelft.nhs.uk/nel-keyworking-service-dynamic-support-register)***:*** | [ ] Yes [ ]  No |
| **Who gave consent?*****If you have selected other, please give details:*** | [ ]  Parent [ ]  Young person [ ]  Best interest decision [ ]  Other   |
| **Diagnosis (please tick as appropriate):** [ ]  Autism  [ ]  Learning Disability [ ]  Other(s). Please Specify  | **Age:**[ ]  Less than 18 years old [ ]  18 up to 25 years old  |
| **Risk of Tier 4 Mental Health / Hospital Admission:**[ ]  Low [ ]  Moderate [ ]  High  | **Risk description of low/moderate/high risk:** |
| **Any presenting risks or concerns that Keyworking should be aware of:**[ ]  Mental Health [ ]  Behaviour [ ]  Placement breakdown [ ]  Physical Health[ ]  Educational stability [ ]  Support gaps [ ]  Safeguarding [ ]  Other   | **Description of risk or concerns Keyworking service should be aware of:** |
| **Referral Reason:**[ ]  Prevent Hospital Admission [ ]  Complex multiagency coordination [ ]  Advocacy [ ]  Delays/gaps in services[ ]  Transition support [ ]  Crisis stabilisation [ ]  Other  | **Description of how Keyworking service can provide the necessary support:** |

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| **Section 2: Case information** |
| **Additional information:** *for example, relevant background, current events/situation, relevant clinic letters, DSR and or CTR referral form’* |

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| **SECTION 3: Young Person** |
| **Forename:**  | **Surname:**   |
| **Date of birth:**   | **Gender:**  |
| **Address:**    | **NHS number** (if known): |
| **Phone Number** (young person)**:**  | **Email** (young person):  |
| **GP name and address:**  | **Social worker name and contact details if applicable:** |
| **Language spoken:** (Is an interpreter needed?)   | **Communication needs:**(E.g. Non-verbal, visual aids, Makaton etc.) |
| **Nationality:**  | **Ethnicity:**  |

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| **SECTION 4: Parent or carer information** |
| **Contact 1** | **Contact 2** |
| **Full name:** | **Full name:** |
| **Relationship to young person:** | **Relationship to young person:** |
| **Phone number:** | **Phone number:** |
| **Email address:** | **Email address:** |
| **Additional information:** | **Additional information:** |
| **Language spoken: (Is an interpreter needed?)** | **Language spoken: (Is an interpreter needed?)** |
| **Communication needs:** | **Communication needs:** |

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| **SECTION 5: Key Professionals**  |
| **Please provide the contact details (name/email/telephone number) of professionals involved in CYP care:**    |

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| **SECTION 6: Referrer**  |
| **Referral form completed by:**  | **Relationship to young person:** |
| **Role:** | **Organisation & team:** |
| **Email:**  | **Contact number:** |
| **Signature:** |

Please submit the completed form to Keyworking@nelft.nhs.uk