|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INFORMATION about referred child / young person/ young adult: | | | | | | | | | | | | | | | | | |
| **Young Person Name:** | |  | | | | | | **Surname:** | | | |  | | | | | |
| **Date of Birth:** | |  | | | | | | Is the YP referred between the ages of: | | | | | | | 9 - 12  13 - 25 | | |
| **Gender:** MaleFemale  Non-Binary  Other  Please state: | | | | | | | | **Do you (young person) identify as trans?**  Yes  No  Not sure  Prefer not to say | | | | | | | | | |
| **Nationality:** | |  | | | | | | **Religion/Belief:** | | | |  | | | | | |
| **Ethnicity:** | | African  Caribbean  Mixed heritage | | | | | | | | | | | | | | | |
| **First Language:** | | |  | | | | | | | **Interpreter Needed?** Yes  No | | | | | | | |
| **Address:** | | |  | | | | | | | **Post Code:** | | |  | | | | |
| **Tel: (Home/Mobile)**  (Please state if Parent / Carer / Young Person) | | |  | | | | | | | **Email address:**  (Please state if Parent / Carer / Young Person) | | |  | | | | |
| **Please contact me via:** | | | Post  Email  Mobile / house telephone | | | | | | | | | | | | | | |
| **School / College / Occupation** | | | In education  In employment  Not in education or employment | | | | | | | | | | | | | | |
| **Contact in Case of Emergency:** | | | Name:  Number: How related: | | | | | | | | | | | | | | |
| **Name of person(s) with parental responsibility: (\*If YP under 18)** | | | | | | | | | | | | | | | | | |
| **Main Carer(s):** Mother  Father  Grandparent  Step Parent  Guardian/Other  Foster Parent  Resident Key Worker | | | | | | | | | | | | | | | | | |
| **Name of family members/household** | | | | | **D.O.B age** | | **Relationship to the above** | | | | | | | **Address if different** | | | |
|  | | | | |  | |  | | | | | | |  | | | |
| Is there more than one child in the family between the ages of 9 – 25 who you would like to refer to Growing Minds?  Yes /No If yes please indicate their name(s) here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **Any access needs due to Disability or Health? Yes  No**  **Please Specify:** | | | | | | | | | | | | | | | | | |
| What is the level of learning disability? (if applicable) | | | | | | | | |  | | | | | | | | |
| Are there any developmental or medical factors? | | | | | | | | |  | | | | | | | | |
| Does the child/young person/adult take any medication for their health needs? | | | | | | | | |  | | | | | | | | |
| Are there any physical factors or allergies that we should know about? | | | | | | | | |  | | | | | | | | |
| **SCHOOL DETAILS: \*IF RELEVANT** | | | | | | | | | | | | | | | | | |
| Name of school/college: | | | |  | | | | | | | | | | | | | |
| Address (including postcode):  Tel: | | | |  | | | | | | | | | | | | | |
| Extra support in education/setting? Yes/no  EHCP? Yes/no | | | | | | Please comment: | | | | | | | | | | | |
| SUPPORT REQUESTED: | | | | | | | | | | | | | | | | | |
| For parents: NVR Training  1:1 Practical & Emotional support  Contextual Safeguarding sessions  **For children/young adults**: Peer Support  Wellbeing Workshops  1:1 Practical & Emotional support  1:1 Counselling | | | | | | | | | | | | | | | | | |
| **REASON FOR REFERRAL:** | | | | | | | | | | | | | | | | | |
| Please include: What are the main concerns? Details of any specific needs identified for the young person/family?  How are the current problem(s) impacting on the young person’s life? (school attendance/ health/ anxiety/ withdrawn/ behavioural issues, leisure, bullying etc.) Any other information. | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| What would you like to see change? How do you think we can support the family or young person? | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| How does the young person/family view this referral? What in your view is the young person/family’s motivation and ability to engage? Please mention any particular strengths and family resources. | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What would you like us to do if we cannot get hold of this person/family?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **SAFEGUARDING ISSUES OR ANY RELEVANT HISTORY OF TREATMENT INFORMATION**  ***Urgent Safeguarding concerns should be directed to children social care:*** 020 8356 5500 | | | | | | | | | | | | | | | | | |
| Please tick if any member of the family the subject of:  Children’s Safeguarding Plan  Any kind of legal restriction order/s  Court cases either pending or current  If so, please give details:  **Other Agencies (if known):**  Social Services  MAT  SENCO  Speech Therapist  Young Hackney  LEAP  Occupational Therapist  Educational Psychologist  Other  Adult Mental Health Services  Please specify name/contact details of all other professionals involved: | | | | | | | | | | | | | | | | | |
| **Consent** | | | | | | | | | | | | | | | | | |
| **If you are the young person:**  I consent to Growing Minds at Family Action:   * Processing and storing my information given on the form in accordance with The Data Protection Act 2018 and   General Data Protection Regulation 2016/679 (GDPR).   * Processing and storing the personal data I have provided and any supporting information that is required.   If my referral is accepted, Growing Minds at Family Action can:   * Seek information from other relevant professionals such as health, social care, education, housing, local authority, police, legal and voluntary services professionals. * Share information with other relevant professionals such as health, social care, education, housing, local authority, police, legal and voluntary services professionals in order to support my needs (and my family where relevant).   \*Please note that if you do not consent, we will continue to offer you our support, but the services provided to you may be affected. You can discuss this with your allocated Growing Minds staff member, and if you have any further queries, with Growing Minds management team at the details below. | | | | | | | | | | | | | | | | | |
| Name (YP): |  | | | | | | | | I am 13yr of  age or older: | | Yes  No | | | | | Date: |  |
| Signed (YP): |  | | | | | | | | Signed (Parent  / Guardian): | |  | | | | | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **If you are not the young person:**  Has the young person (or parent/carer if under 18) given consent for this referral to be made? Yes  No | | | |
| **REFERRED BY:** | | | |
| Name: |  | Designation / role: |  |
| Signed: |  | Date of referral: |  |
| Contact number: |  | Email address: |  |

Please scan and email this form to [info@growingminds.org.uk](mailto:info@growingminds.org.uk)

Growing Minds at Family Action – Unit 7 The Textile Building, 29a-31a Chatham Place, London E9 6FJ (entrance on Belsham Street)

**For Office Use Only**

Date Referral Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAF/MARAC Form completed-(*if necessary*) ❒Y ❒N

Signposted to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_