**REFERRAL for YMCA FAMILY MEDIATION SUPPORT**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer’s Details** | | | | | | | | | | | |
| **Date of Referral:** | | | | | Click here to enter a date. | | | | | | |
| **Referrer’s Name:** | | | | | Click here to enter text. | | | | | | |
| **Agency:** | | | | | Click here to enter text. | | | | | | |
| **Contact Number:** | | | | | Click here to enter text. | | | | | | |
| **Mobile** | | | | | Click here to enter text. | | | | | | |
| **E-Mail** | | | | | Click here to enter text. | | | | | | |
| **Has the parent/carer consented to referral?** | | | | | Choose an item. | | | | | | |
| **Family set-up** | | | | | Choose an item. | | | | | | |
|  | | | | | If other, please state Click here to enter text. | | | | | | |
|  | | | | | | | | | | | |
| **Parent/Carer Details** | | | | | | | **Parent/Carer Details** | | | | |
| **Name:** | | Click here to enter text. | | | | | **Name:** | | | Click here to enter text. | |
| **Address:** | | Click here to enter text. | | | | | **Address:** | | | Click here to enter text. | |
| **Post Code:** | | Click here to enter text. | | | | | **Post Code:** | | | Click here to enter text. | |
| **Telephone:** | | Click here to enter text. | | | | | **Telephone:** | | | Click here to enter text. | |
| **Mobile:** | | Click here to enter text. | | | | | **Mobile** | | |  | |
| **Email:** | | Click here to enter text. | | | | | **Email:** | | | Click here to enter text. | |
|  | |  | | | | | |  | | | |
| **Child/Young Person’s Details** | | | | | | | | | | | |
| **Name:** | | Click here to enter text. | | | | | | **Age:** | | Click here to enter text. | |
| **Address:**  *(if different from parent/carer)* | | Click here to enter text. | | | | | | **Date of Birth:** | | Click here to enter text. | |
| **Telephone:** | | Click here to enter text. | | | | | | **Gender:** | | Choose an item. | |
| **Mobile:** | | Click here to enter text. | | | | | | **E-Mail:** | | Click here to enter text. | |
| **Are you, or have you ever been transgender?** | | Choose an item. | | | | | | **Do you consider yourself to have any disabilities?** | | Choose an item. | |
| **Ethnicity:** | | Choose an item. | | | | | | **Sexuality:** | | Choose an item. | |
| **Religion:** | | Choose an item. | | | | | |  | |  | |
| **School/College:** | | Click here to enter text. | | | | | | | | | |
| **Employment:** | | Choose an item. *If yes, please provide details*: Click here to enter text. | | | | | | | | | |
| **Is this family known to Children’s Services?** | | Choose an item.  If yes, please give name and contact details of worker: Click here to enter text. | | | | | | | | | |
|  | | | | | | | | | | | |
| **Professionals involved with the young person** | | | | | | | | | | | |
|  | **Social Worker** | |  | **Youth Offending Service** | |  | | | **Tutor/College** |  | **Housing** | |
|  | **Support Worker** | |  | **GP** | |  | | | **Mental Health Worker** |  | **Other** |
| **Please provide details for all professionals currently supporting the young person *(include contact details)*** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Reason for Referral**: Please give summary of background information | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Risk Assessment:** Please outline any known risks | | | | | | | | | | | |
| **Drugs or Alcohol** | |  | | | | | | | | | |
| **ASBO** | |  | | | | | | | | | |
| **Mental Ill Health** | |  | | | | | | | | | |
| **Self-Harm** | |  | | | | | | | | | |
| **Major physical disability** | |  | | | | | | | | | |
| **Previous & current criminal convictions** | |  | | | | | | | | | |
| **Other** | |  | | | | | | | | | |

Please return this form to [YAC.FamilyMediation@ymcadlg.org](mailto:YAC.FamilyMediation@ymcadlg.org)