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| **BeLeave Project Referral Form** |
| *- Focus on prevention of girls (aged 8-18) becoming involved with or impacted by child criminal exploitation.**- 12 session intervention; direct one-to-one with young person, and family intervention.**- Community awareness raising*  |

**Referral arrival date (office use only):** Click here to enter a date.

The information provided in this form will be kept confidentially and securely within Spurgeons and shared as appropriately between Spurgeon’s service personnel. *Forms that are incomplete or that do not have sufficient information will delay the process of allocation whilst additional information is being gathered.*

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| **Criteria** |
| **Inclusion criteria** (*please tick as appropriate)***:** ***One or more of the following are required:***Primary presenting issues may revolve around; (anti-social behaviour, criminal activity etc.)[ ]  Girls at risk of or involved in gang related activities.[ ]  Girls who are exploited by gangs through a third party; e.g. family member, friend. ***In addition please select two or more of the following*:**[ ] Home residence is within Birmingham regions[ ]  Poor school attendance; e.g. below 90% attendance recorded within the last month [ ]  Displaying violent or risky behaviour; where there is a potential to harm self or others[ ]  Associates with older pro criminal peers.[ ]  Incidents of going missing[ ]  Drug/substance misuse  |

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| **Referrer Details** |
| Name:  | Contact Number:  |
| Address:  |
|  | Postcode:  |
| Email Address:  |
| Job Title & Organisation:  |
| Date: Click here to enter a date. |
| Which referral route is this referral through? Choose an item.  |
| What actions have you taken to access support for the young person/family: |
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| **Consent**  |
| Date parental consent obtained:  | Click here to enter a date. |
| Is the young person aware of this referral being made? | Yes [ ]  No [ ]  |
| What is the young person’s **and** parent’s views regarding this referral (**required\*)**:  |
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| **Young Person Details** |
| Name: | Date of Birth:  |
| Address:  | Gender: |
|  | Home Telephone Number: |
| Postcode: | Mobile: |
| Preferred Language: | Ethnic origin:  |
| Is an interpreter required? : Yes [ ]  No [ ]   | Religion:  |

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| **Additional Needs** |
| Does the young person have any disabilities/ medical conditions / special educational needs or mental health needs?  | Yes [ ]  No [ ]   |
| If Yes, please give details:  |
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| **Parent/carers details** |
| *Parent/Carer 1* | *Parent/Carer 2* |
| Name:  | Name: |
| Address:  | Address: |
|  |  |
| Postcode:  | Postcode: |
| Contact Number  | Contact Number: |
| Ethnic Origin:  | Ethnic Origin: |
| Religion: | Religion: |
| Do they have Parental Responsibility/ Guardianship? | Do they have Parental Responsibility / Guardianship?  |
| Relationship to young person: | Relationship to young person: |

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| **Other Family Members (including siblings/ grandparents/ carers etc. if significant)** |
| Name: | Name: | Name: |
| Date of Birth:  | Date of Birth:  | Date of Birth:  |
| Gender:  | Gender:  | Gender:  |
| Relationship to young person: | Relationship to young person: | Relationship to young person: |
|  |  |  |
| Address: | Address: | Address: |
|  |  |  |
| Postcode: | Postcode: | Postcode: |
| Contact Number: | Contact Number: | Contact Number: |

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| **Family Early Help Assessment (formerly fCAF)**  |
| Do you know if a Family Early Help Assessment has been completed? | Yes [ ]  *please attach copies* No [ ]  |

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| **Safeguarding / Child Protection**  |
| Social Workers Name: | Contact Number and Email Address: |
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| Is the young person subject to a Child Protection Plan? | Yes [ ]   No [ ]   |
| Is the young person a Looked After Child?  | Yes [ ]   No [ ]   |
| Is the young person being support by a Think Family Team?  | Yes [ ]  No [ ]   |
| Is the young person subject to any Court Orders?  | Yes [ ]  No [ ]   |
| Does the young person have any pending prosecutions? | Yes [ ]  No [ ]   |

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| **Any other agencies/professionals working with the young person or their family** |
| **Agency** | **Contact Name and Role** | **Address** | **Contact Number and** **E-mail Address** |
| School / College |  |  |  |
| GP |  |  |  |
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| **Referral** |
| **Please explain why you are making this referral, giving detail to each criterion you have selected previously. (***Your information will help us to determine the level of risk and appropriate measures that can be implemented.**This information will be shared with the family).* **Any risks associated with home visits:****Please outline what is going well at the moment and some of the family strengths.** |



**Please return this referral form to:**

**Email:**

**beleaveproject@spurgeons.org**

**If you have any questions around completing this form please call:**

**Telephone:**

**0121 638 0876**