



Referral Form



For official use only:
 Date Referral Received:
 Referral agent notified by letter Yes/No
 Appointment letter sent, date
 Allocation Date.....

Client assessed:	Name:	School	Yes	No
	Date:	Work	Yes	No
	Name:	FE/Training	Yes	No
	Date:	NEET	Yes	No
Client allocated:	Name:	In Custody	Yes	No
	Date:	Other? Specify		
Client Details: Name D.O.B./age Address: Postcode: Telephone:		<i>(Information below should be provided by / about individual with Parental Consent)</i> Parent/ Carer/Legal Guardian Name: Address: Postcode: Telephone:		
GP Contact Information		Name: Address: Tel:		
Referrer' Details Name: Address: Postcode: Telephone: Profession: E Mail:		Are you the main contact? Yes/No If no please give detail of the person who is to be the main contact. Name: Address: Telephone: Profession:		
Reason for referral:				

Please confirm that the client has agreed to this referral being made?	YES/NO
Have parents/guardian been informed of this referral?	YES/NO
Is this client currently engaged with another service? (If yes please give details :)	

Are you aware of any literacy difficulties?	If yes please give details:
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Is English the young person first language?	Yes/No
If not specify preferred language	

Does this young person have a disability?	If yes please give details
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<p><u>Additional Information</u> (Please provide as much relevant information in relation to the client to enable appropriate and adequate services to be identified)</p>

Please be aware the client has the right to see this form

Any risk identified? (Suicide, self harm, aggression, substance misuse, other risk taking behaviours, history of violence?)	If yes please give details:
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Client ID allocated on receipt of referral by Admin.	How did you hear about this service?
Signed:	Date

It is the referral agent's responsibility to ensure that the client can access this service.

PLEASE RETURN TO:

Please return Belfast / South Eastern Trust referrals to:	
<p>Start360 30-34 Hill Street Belfast BT1 2LB Tel: 02890 45815 daisy.east@start360.org</p>	
Please return Western Trust referrals to:	
<p>ASCERT 7A Dublin Road Omagh BT78 1ES Tel: 0800 2545 123 daisy@ascert.biz</p>	
Please return Northern Trust referrals to:	
<p>ASCERT 1 Queens Avenue Magherafelt BT45 6AB Tel: 0800 2545 123 daisy@ascert.biz</p>	

Service will record provide or receive information in accordance with the Data Protection Act (1998)

Receiving Information

- Personal information held is subject to legal duty of confidence and should not normally be disclosed without consent.
- All information received will be treated with respect and regard for confidentiality.

Consent

- If the client asks that their parents are not informed of the content of their work with us, this must be indicated on the referral form. We will comply with such requests except in circumstances where the staff member believes that information disclosed to them by the young person is of a child protection nature. Disclosure of this type of information will then be made to parents/carers after an attempt has been made by the staff member to have the clients consent to the disclosure and after consultation with a manager.

Giving Information

- Information about the client will only be given with consent, or when it is assessed that the client is suffering, or likely to suffer, from significant harm.
- Where information must be shared with relevant individuals/agencies, adheres to the Best Practices Guidelines

(Working together to Safeguard Children 2006)