**Getting Social Referral Form**

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| **Consent** | | |
| Has the referrer met with the young person? | Yes | No |
| Has the young person given consent for the referral? | Yes | No |
| Consent to store information on secure Torus Foundation database | Yes | No |

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| **Details of the young person** | |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Date of Birth: |  |
| Gender: |  |
| Ethnicity: |  |
| Contact Number: |  |
| Email: |  |

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| School: |  |
| NEET: |  |
| Is there a statement of educational needs or EHC plan? |  |
| Is there an E-HAT open? |  |

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| **Details of Parents/Guardian** | |
| Who has parental responsibility? |  |
| Parent/Carers Name: |  |
| Address: |  |
| Contact Number: |  |

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| **Professionals Involved** |
| Please give details (including contact details) of other professionals involved with the referred young person (e.g., social worker, young carers support services, GP) |
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| **Reason for Referral** |
| Please give an overview of the young person's emotional, behavioural, or mental health difficulties. Including any diagnoses or concerns. |
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| What support or outcomes does the young person want from this referral? |
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| What interests/activities does the young person enjoy or would like to try? |
| Sports, creative arts, outdoors, digital activities |
| Any identified risk issues? |
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| **Referrer Details** | |
| Name of referrer |  |
| Organisation |  |
| Address |  |
| Contact Number |  |
| Email |  |

*Please return this form by email to* [*ypsupport@torusfoundation.org.uk*](mailto:ypsupport@torusfoundation.org.uk)