**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*