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| **Wellbeing Enterprises CIC****Young Person Referral Form** |
| **1. REFERRAL CRITERIA**All questions below must be answered yes for a referral to be made.

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| --- | --- | --- |
| i) Does the child/young person live in Halton? | [x]  Yes | [ ]  No |
| ii) Has the child/young person experienced mild to moderate mental health problems? | [x]  Yes | [ ]  No |
| iii) Has the young person given consent for this referral and is willing to participate in the intervention? | [x]  Yes | [ ]  No |
| iv) Has the young person given consent for Wellbeing Enterprises to contact them? | [x]  Yes | [ ]  No |

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| **2. YOUNG PERSON’S DETAILS**

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| --- | --- |
| **Name:** |  |
| **Address (including postcode):** |  |
| **Date of Birth:** |  |
| **Contact number:** |  |
| **Contact email address:** |  |
| **GP Practice registered with:** |  |
| **School / College** |  |
| **Name, address and contact details of parents/Carers** |  |

**Please complete the following information with as much detail as possible.**

|  |  |
| --- | --- |
| **Reason for referral (e.g. what would the young person like or benefit from?)** |  |
| **Does the person have a history of mental health issues, substance misuse or offending behaviour?** |  |
| **Does the person have a learning disability or any physical impairments/disabilities? Are there any special requirements for the young person accessing the service?** |  |
| **Does the person have any involvement with any other statutory services (e.g. social care or probation?)** |  |

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| **3. REFERER DETAILS**

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation:** |  |
| **Organisation address (including postcode):** |  |
| **Contact number:** |  |
| **E-mail address:** |  |

**4. Risks****Potential risks****Are you aware of any potential risks we may need to be aware of to deliver this service to the individual? (Persons behaviour, state of property, location, pets etc.)****Yes / No****If yes please give more details** *...…………………………………………………………………………………………………………**……………………………………………………………………………………………………………**……………………………………………………………………………………………………………***Potential Safeguarding Issues****Are you aware of any safeguarding issues that are relevant to this referral?****Yes / No****If yes, have they been referred to a social care safeguarding officer?** **Yes / No****If yes to either question, please give more details:***……………………………………………………………………………………………………………**……………………………………………………………………………………………………………***In the first instance, should we contact:** **🞏 Young Person 🞏 Parent/carer** |
| **5. DECLARATION (signed by the referrer)**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

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| **Please return this completed form by:*** **Emailing it to** **wellbeing.enterprises@nhs.net**
* **Faxing it to 01928 551 922**
* **Posting to Wellbeing Enterprises CIC, Bridgewater House, Old Coach Road, Runcorn, Cheshire, WA7 1QT**

**We will acknowledge your referral with a reply within two working days, and then contact you again once we have made contact with the person referred. If you have any questions about making a referral, please contact our team on 01928 589799.** |
| INTERNAL USE ONLY

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| --- | --- | --- | --- |
| Date referral received: |  | Approved by:Date approved: |  |

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