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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.   |  |  |  | | --- | --- | --- | | i) Does the child/young person live in Halton? | Yes | No | | ii) Has the child/young person experienced mild to moderate mental health problems? | Yes | No | | iii) Has the young person given consent for this referral and is willing to participate in the intervention? | Yes | No | | iv) Has the young person given consent for Wellbeing Enterprises to contact them? | Yes | No | |
| **2. YOUNG PERSON’S DETAILS**   |  |  | | --- | --- | | **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?)** |  | |
| **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:** |  | |
| **Please return this completed form by:**   * **Emailing it to** [**wellbeing.enterprises@nhs.net**](mailto: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   |  |  |  |  | | --- | --- | --- | --- | | Date referral received: |  | Approved by:  Date approved: |  | |