**REFERRAL for YMCA FAMILY MEDIATION SUPPORT**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer’s Details** | | | | | | | | | | | |
| **Date of Referral:** | | | | |  | | | | | | |
| **Referrer’s Name:** | | | | |  | | | | | | |
| **Agency:** | | | | |  | | | | | | |
| **Contact Number:** | | | | |  | | | | | | |
| **Mobile** | | | | |  | | | | | | |
| **E-Mail** | | | | |  | | | | | | |
| **Has the parent/carer consented to referral?** | | | | |  | | | | | | |
| **Family set-up** | | | | |  | | | | | | |
|  | | | | | If other, please state Click here to enter text. | | | | | | |
|  | | | | | | | | | | | |
| **Parent/Carer Details** | | | | | | | **Parent/Carer Details** | | | | |
| **Name:** | |  | | | | | **Name:** | | |  | |
| **Address:** | |  | | | | | **Address:** | | |  | |
| **Post Code:** | |  | | | | | **Post Code:** | | |  | |
| **Telephone:** | |  | | | | | **Telephone:** | | |  | |
| **Mobile:** | |  | | | | | **Mobile** | | |  | |
| **Email:** | |  | | | | | **Email:** | | |  | |
|  | |  | | | | | |  | | | |
| **Child/Young Person’s Details** | | | | | | | | | | | |
| **Name:** | |  | | | | | | **Age:** | |  | |
| **Address:**  *(if different from parent/carer)* | |  | | | | | | **Date of Birth:** | |  | |
| **Telephone:** | |  | | | | | | **Gender:** | |  | |
| **Mobile:** | |  | | | | | | **E-Mail:** | |  | |
| **Are you, or have you ever been transgender?** | |  | | | | | | **Do you consider yourself to have any disabilities?** | |  | |
| **Ethnicity:** | |  | | | | | | **Sexuality:** | |  | |
| **Religion:** | |  | | | | | |  | |  | |
| **School/College:** | |  | | | | | | | | | |
| **Employment:** | |  | | | | | | | | | |
| **Is this family known to Children’s Services?** | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| **Professionals involved with the young person** | | | | | | | | | | | |
|  | **Social Worker** | |  | **Youth Offending Service** | |  | | | **Tutor/College** |  | **Housing** | |
|  | **Support Worker** | |  | **GP** | |  | | | **Mental Health Worker** |  | **Other** |
| **Please provide details for all professionals currently supporting the young person *(include contact details)*** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Reason for Referral**: Please give summary of background information | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Risk Assessment:** Please outline any known risks | | | | | | | | | | | |
| **Drugs or Alcohol** | |  | | | | | | | | | |
| **Support Needs** | |  | | | | | | | | | |
| **Mental Ill Health** | |  | | | | | | | | | |
| **Self-Harm** | |  | | | | | | | | | |
| **Major physical disability** | |  | | | | | | | | | |
| **Previous & current criminal convictions** | |  | | | | | | | | | |
| **Other** | |  | | | | | | | | | |

Please return this form to [YAC.FamilyMediation@ymcadlg.org](mailto:YAC.FamilyMediation@ymcadlg.org)

***Included on this form is your personal information (such as contact details) and more sensitive information (such as your health, family history and your support needs from this service). This information will be kept by us securely. When you first meet with us we will give you a privacy notice which sets out your rights about your data that we keep at this service. There are times when people choose not to work with us and in these cases we will destroy this referral form after 6 months.***