



## Referral Form

Date of Referral: | |

### SECTION ONE: REFERRER DETAILS

Name: | |

Organisation: | |

Tel No: | |

Mobile: | |

Email Address: | |

Relationship to the young person: | |

Alternative contact person (e.g. Team leader/Manager): | |

### SECTION TWO: YOUNG PERSONS DETAILS

Name: | |

Unique No. (e.g. Carefirst) | |

DOB: | |

School Year: | |

Current Address: | |

Post Code: | |

Home Phone No. | |

Mobile No. | |

Disability: Mental Health  Learning  Physical  Other

Please provide further information:

Ethnicity of child, young person: | |

Does the child, young person have a religion: | |

Yes  No

If yes, please indicate whether; Nominal  Practising  Please give details:

Languages spoken at home: | |

First Language: | |

Other Language: | |

<b>Is an interpreter needed:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does the child, young person speak English:</b>	
Not at all <input type="checkbox"/> Too young <input type="checkbox"/> With difficulty <input type="checkbox"/> Fluently <input type="checkbox"/>	

<b>Is the young person a Looked After Child?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>LAC Status:</b>		<b>Who has Parental Responsibility:</b>
<b>Has the Young Person have any of the following in place or in the process of assessment?</b>		
Early Help Plan <input type="checkbox"/> CIN <input type="checkbox"/> CP <input type="checkbox"/> EHCP <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Behaviour Plan <input type="checkbox"/>		
<b>Other:</b>		

<b>Current School/ Educational Setting:</b>			
<b>Name of Contact:</b>		<b>Contact No.</b>	

<b>Immediate Family members and Other Significant Adults?</b>				
<b>Name &amp; relationship to the young person</b>	<b>Age</b>	<b>Do they live in the same household?</b>	<b>Contact No.</b>	<b>Are they allowed contact?</b>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

<b>Professional's Involved</b>	<b>Yes/No</b>	<b>Name &amp; Contact No.</b>
Educational Psychologist	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Education Welfare	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Care	Yes <input type="checkbox"/> No <input type="checkbox"/>	
CAMHS	Yes <input type="checkbox"/> No <input type="checkbox"/>	
YOT	Yes <input type="checkbox"/> No <input type="checkbox"/>	
REACH	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Drug & Alcohol Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Family Support	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### SECTION THREE: BACKGROUND INFORMATION

<b>Is the young person involved in or have history of any of the following Risks/Vulnerabilities?</b>
Child Sexual Exploitation <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Bullying <input type="checkbox"/>

Criminal behaviour  Anti-Social Behaviour  Missing Episodes  Unsafe Associations

Please provide further information:

**Has the young person any known incidents of Violence and Aggression against?**

Peers: **Yes**  No  Family Members: **Yes**  No  Professionals: **Yes**  No

If **Yes** please provide details:

**Has the young person any known history of Sexualised Behaviour?**

**Yes**   
**No**

If **Yes** please provide details:

**SECTION FOUR: RISK ASSESSMENT**

**Current (C)** **Historic (H)** **Never (N)**

<b>Neglect</b>				<b>Mental Health</b>			
Nutritional needs unmet				Mental health diagnosis/contact with mental health professional			
Poor personal Hygiene				Ever been detained under the mental health act			
<b>Harm to Others</b>				<b>Self Care</b>			
Violence against others/property				Suicide Attempts			
Use or carrying of weapons				Expressed Suicidal Ideation			
Serious harm to another person				<b>Physical Health Concerns</b>			
Multi Agency Public Protection Arrangements Offender				Physical Health Diagnosis			
Arson				Medication for physical health			
<b>Housing</b>				Seizures			
Poor accommodation/living conditions				Overweight or Underweight			
<b>Harm from others</b>				Pregnancy			
Vulnerable to exploitation or abuse				Hospitalisation as a result of Substance misuse			
Victim of abuse/neglect							
Victim of assault/exhibitionism							
At risk of violence from another person							

Other Information:

**RISK MANAGEMENT PLAN**

**Definitions of risk levels:**

**Low** risk event could occur but is unlikely or rare

**Medium-** risk event will most likely occur at some time

**High-** risk event will occur in most circumstances and is highly probable

Identified Risk & Risk Level	Identified Trigger That May Lead To Risk	Action To Be Taken To Manage Risk	Risk Review Comment & Date

**SECTION FIVE: REASONS FOR REFERRAL**

Please provide any information for the reason for your referral (e.g. potential benefits of outdoor education, does the young person need social / emotional support etc)

**Young Person's Strengths & what they Respond well to (e.g. Male/Female worker/praise etc)?**

**Please Indicate the Key Wild Embers Objectives you would like to see achieved:** (Underpinning all support carried out alongside the young person by their interventions worker are the five key objectives)

Exploring internal & external worlds, promoting positive communication & self regulation

Exploring positive risk taking & play, promoting real life problem solving & one's self-esteem

Exploring natural rules & boundaries, promoting positive behaviour

Exploring self-awareness & ones own thought process, promoting emotional regulation

Exploring new skills & nature connection promoting a growing sense of resourcefulness

**SECTION SIX: DELIVERY DETAILS**

**Has the young person consented to this referral?** Yes  No

**Is the parent/career aware of this referral?** Yes  No

**Please indicate which sessions you would like the young person to attend:**

**Agreement Terms:**

Any cancellations of service will need to be received by 24 hours prior to the session taking place.

**I agree to the terms set out above.**

<b>Name:</b>		<b>Signature:</b>	
<b>Position:</b>		<b>Date:</b>	.

**Please email the completed form to:**

[info@wildembers.org](mailto:info@wildembers.org)

[richard@wildembers.org](mailto:richard@wildembers.org)