

## Y Services - Referral form

| Child/Young Person:      | Date of birth | Gender | Ethnicity | Address |
|--------------------------|---------------|--------|-----------|---------|
|                          |               |        |           |         |
| Home telephone number:   |               |        |           |         |
| Mobile telephone number: |               |        |           |         |

Does the child/young person being referred have a disability? Yes  No

If yes, please explain .....

Is the child/young person known by any other name?.....

Details of significant others (e.g. family members outside of household, extended family,)

| Name | Date of birth | Gender | Ethnicity | Relationship to referred child | Contact number (inc. mobile if known) |
|------|---------------|--------|-----------|--------------------------------|---------------------------------------|
|      |               |        |           |                                |                                       |
|      |               |        |           |                                |                                       |
|      |               |        |           |                                |                                       |

Please explain the reason for this child/young person being referred to Y Services?

.....

.....

.....

Is the child/young person known to Children's Services Dept? Yes  No

Name and Address of Key worker if applicable.....

.....

Telephone Number of Key Worker

.....

Reasons for agencies involvement:.....

.....

Is the child/young person displaying any specific behaviours (e.g. low self-esteem, anger, confusion, sexualised behaviour, etc?) If yes, please explain:

.....

.....

**Please describe any health, cultural, language, or religious needs that we should take into consideration, related to the child/young person and family members....**

.....  
**Has the child/young person had previous experience of support through a young person's agency?** Yes  No

**If yes, please explain which group, when etc ...**

.....  
**What are the child/young person's thoughts about this referral?**

.....  
**What is the parent/carers view of this referral?**

.....  
**Name of School .....**

**Is there anything else you think would be helpful for us to know?**

.....  
**Are there any other agencies working with the child/family? Yes  No**

**if yes who.....**

.....  
**How will the child/young person be transported to and from the sessions?**

.....  
**Name of Referrer :..... Name of Agency.....**

**Address .....**

**Telephone Number :.....**

**Reason for Referrer's involvement:**

.....  
.....  
.....

**Information for Parents and Carers - Data Protection & Y Services**

Y Services needs individuals sensitive information to make sure we look after their wellbeing when they are taking part in activities. Y Services respect personal privacy and only Y Services staff, on a need to know basis, will see the information that is given. We wont share any personal information with any third party outside of Y Services, without asking, except in certain circumstances, required by law, regulatory requirement or to safeguard a child. We securely hold all Y Services data whilst there is an active engagement with the service. Once the young person finishes their involvement with Y Services, we will archive this information in line with our data retention policy. The young person over the age of 13 has the right to ask for a copy of all data we hold about them. This is known as a subject access request ( SAR). Young people have the right to withdraw their consent for us to use any data or to ask us to stop using data, which we have to comply with within a reasonable period. The law says, Y Services has to get explicit consent when asking for sensitive information. Please sign below to say you agree to Y Services collecting, storing and using the sensitive information you/agency has provided above.

.....parent/carer/young person

Young people may wish to self refer to Y services. We would recommend that they complete this form with support of the Y Services worker  
Please return via email to: [referrals@yservices.co.uk](mailto:referrals@yservices.co.uk) tel; 07585 115022