



## Referral Criteria - SAFE Prop Up Project

Please answer the questions below following this, complete the referral form and return to the SAFE team.

Is the young person aged between 13- 19?	Yes/No
Does the young person live in the Lancaster City Council district?	Yes/No
Is the young person experiencing struggles with their mental health, which is affecting their daily life and ability to socialise?	Yes/No Comments:
Is the young person engaging with other organisations?	Yes/No Comments:

SAFE Referral 2023 Charity Number: 1203674

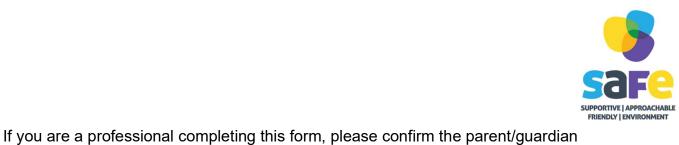


## Referral Form SAFE: Prop Up Project

Date of referral:			
NAME (Young Person):			
AGE & DATE OF BIRTH:			
ADDRESS:			
METHOD OF CONTACT YOUNG PERSON Email/Telephone:			
PARENT/GUARDIAN/NEXT OF KIN NAME:			
PARENT/GUARDIAN/NEXT OF KIN CONTACT NUMBER:			
Referring School/Organisation:			
Does this person consider themselves to have	ve a disability?		
Yes □ No □ Prefer not to say □			
Reasons for Referral:			
Which group is this referral for: Young Adult group 20-25yrs □ Morecambe 13-19yrs □ Carnforth 13-19yrs □			
Relevant Medical History: (Please state any physical & mental health diagnoses here)			



y Other Relevant Information (including any other agencies/services involved, eferred place to be seen, environmental considerations and relevant child health oblems):	
Health and Safety (Must be Completed)	
Violence & Aggression Risk: Yes □ No □	
Please outline:	
Action to be taken:	
Safeguarding Risk: Yes □ No □	
Please outline:	
Action to be taken:	



by ticking this box. □		
Referral Agency:		Referrers Name:
Address:		Tel Number:
I consent for SAFE to s our privacy notice & da	-	is information for purposes as outlined in
Signed:		
Date:		
		SAFE team, it will be triaged and if follow up with the parent/guardian and ividual.
Office Use Only		
Date Referral was contacted:		
Appropriate for which group:		

and young person are aware of and have given consent for this referral to be made