

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:

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 a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Reasons for Referral:
Which group is this referral for: Young Adult group 20-25yrs <input type="checkbox"/> Morecambe 13-19yrs <input type="checkbox"/> Carnforth 13-19yrs <input type="checkbox"/>
Relevant Medical History: (Please state any physical & mental health diagnoses here)

Any Other Relevant Information (including any other agencies/services involved, preferred place to be seen, environmental considerations and relevant child health problems):

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:

If you are a professional completing this form, please confirm the parent/guardian and young person are aware of and have given consent for this referral to be made by ticking this box.

Referral Agency:	Referrers Name:
Address:	Tel Number:

I consent for SAFE to store and process this information for purposes as outlined in our privacy notice & data protection policy:

Signed: _____

Date: _____

Once this referral is received by the SAFE team, it will be triaged and if appropriate, a SAFE team member will follow up with the parent/guardian and the individual.

Office Use Only

Date Referral was contacted:	
Appropriate for which group:	