

**Referral Criteria – SAFE Prop Up Project**

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

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| --- | --- |
| 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/NoComments: |
| Is the young person engaging with other organisations? | Yes/NoComments: |

**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:  |  |
| DETAILS OF GP SUGERY YOUNG PEOPLE IS REGISTERED WITH: |  |

|  |
| --- |
| Referring School/Organisation:  |
| Does this person consider themselves to have a disability?Yes o No o Prefer not to say o  |
| **Reasons for Referral:** **Which group is this referral for (please tick): Young Adult group 20-25yrs** o **Morecambe 13-19yrs** o **Carnforth 13-19yrs** o **Lancaster 13-19yrs** o |
| **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** o **No** o

Please outline:

Action to be taken:

**Safeguarding Risk: Yes** o **No** o

Please outline:

Action to be taken:

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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. o

|  |  |
| --- | --- |
| **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**

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| --- | --- |
| Date Referral was contacted: |  |
| Appropriate for which group: |  |