

**Compass Harrow referral form**

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| ***Please email or post referrals to Compass:***  |
| The Twenty One Building, 21 Pinner Road,Harrow. HA1 4ES. Office: 0208 861 2787. |
| **PRIVACY NOTICE STATEMENT Please note by completing this referral, Compass will require the following:**  | **Yes √** |
| **Young Person**  | By consenting to this referral form being completed you will be consenting for Compass to hold your information on our database and for Compass to contact you to discuss your referral. |  |
| **The Referrer** | This referral has been discussed and agreed with the young person | Yes [ ]  No [ ]   |
| Are you making this referral without the young person’s consent under Working Together legislation? | Yes [ ]  No [ ]   |
| If Yes to the above question, please provide a brief outline for safeguarding referral?  |  |
| Have you obtained the consent from the parent/carer to make this referral? | Yes [ ]  No [ ]   |
| You have explained that any information held on this form will be stored by Compass on a secure database. | Yes [ ]  No [ ]   |
| **Signed by Referrer***(****electronic signature is acceptable)*** |  | **Signed by Young Person/parent or carer** *(Please make every effort to seek the young persons signature)* |  |
| **Contact Details of Young Person:** |
| **Name of Young Person:** |  | **Date referral made:**  |  |
| **Address** |  |  | **Postcode**  |  |
| **YP Mobile number:**  |  | **Home tel. no.** |  | **Is Accommodation Stable?**  | **Yes** [ ]   | **No** [ ]   |
| **Date of Birth:**  |  | **Ethnicity** |  | **Age** |  |
| **Any SEN/Disability:**  |  Yes [ ]  No [ ]  If Yes please give brief description:  | **Religion** |  |
| **Is young person in Local Authority Care**  | Yes [ ]  No [ ]   | **Young Person’s Email:** |  |
| **Is young person known to social care**  | Yes [ ]  No [ ]   | **Early Help**  | [ ]   | **CIN**  |  [ ]   | **CP** | [ ]   |
| **How would the young person like to be contacted by Compass?** | Post to home address |  [ ]   | Call to home telephone | [ ]   | Call to YP mobile | [ ]   |
| School/agency appointment | [ ]   | Other: please specify |  |
| **Is the young person happy for a telephone message** **to be left for them** | Their Mobile  | Yes [ ]  No [ ]   | Parent/Guardian:  | Yes [ ]  No [ ]   |
| Home telephone | Yes [ ]  No [ ]   | Parent/Guardian details: |
| **Is the Young Person’s parent/guardian aware of the referral?** | Yes | [ ]   | **How does the Young Person describe themselves?** | Female [ ]   | Male [ ]   | Non-binary [ ]   |
| No | [ ]   | Transgender [ ]   | Intersex [ ]   | Other/Prefer Not to Say [ ]   |
| **Contact Details of Referrer** |
| Name:  | Relationship to young person:  |
| Organisation:  | Mobile no:  | Landline: |
| Address:  |  Email:  |
|  |  |
| **Reason for the Referral of the young person: tick reason that best suits this referral (please complete in detail overleaf)**  |
| **Substance Misuse**  | [ ]   | **Hidden Harm** | [ ]   |  |  |  |  |  |  |

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| **Are any other agencies currently involved in supporting the young person** |
| Agency |  | Professional contact name/details |  |
| Agency |  | Professional contacts name/details |  |

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| **Reasons for referral?** |
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| **YJS Referral only**  |
| Please provide details of the current order the young person has been made subject to  |
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| What offense was committed for the order and any other offending history  |
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| Please give details of when the order started and when its due to finish  |
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| **Are the any other agencies involved in supporting the young person, such as Social Care, CAMHS,** |
| No | [ ]   | Yes | [ ]   |
| If yes, please provide details… |
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| **Please record any other behaviour which puts the young person or other people at increased risk which you think we should be aware of.** |
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| **Why would the young person like to be referred to Compass?** |
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| ***Please email referrals to Compass, Harrow using :*** Secure email: adminharrow@compass-uk.org or CJSM e-mail : compass.harrowyps@compassuk.cjsm.net |