**Sort it & Hidden Harm! Enfield Young People’s - Referral Form**

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| ***Please email or post referrals to Compass:*** Enfield Sort it Young People’s Substance Misuse Service: 29 Folkestone Road, Edmonton N18 2ER Telephone: 020 8360-9102  Secure Email: [compass.enfieldsortit@nhs.net](mailto:compass.enfieldsortit@nhs.net) / enfield.sortit@compassuk.cjsm.net / Sortitusers@compass-uk.org | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Are you making this referral without the young person’s consent under Working Together legislation? | | | | | | | | | | | | | | | | | | | | | | | | | | Please indicate  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. | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **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 | | | |  | | | | | | | | |
| **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: | | | | | | | | | | | | | |

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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 | | |  | | | |
| **Reason for the Referral of the young person: tick reason that best suits this referral.** | | | | | | | | | | | | |
| **At risk of Substance Misuse** | |  | **Suspected of using substances** |  | **Experimenting with substances** | |  | **Misusing substance** | |  | **Hidden Harm** |  |
| **Further details and substances involved: Detail what you know so far:** E.g. Cocaine, Weed, Speed | | | | | | | | | | | | |