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

|  |
| --- |
| ***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 / 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:  |

|  |
| --- |
| **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 |