

**REFERRAL FORM**

Referrals must meet these criteria:

* Female
* Aged 14-21 years
* Resident in Oldham, Tameside, Bury or Rochdale
* At risk of exploitation or involvement in serious violence

**Young person’s details**

|  |  |
| --- | --- |
| **Full Name** |  |
| **DOB** |  |
| **Address** |  |
| **Young Person’s Telephone Number** |  |
| **Parent/Carer**  **Contact Number** |  |
| **Ethnicity** |  |

**ReferRAL details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Referral Agency** |  | | | | | |
| **Worker’s Name and Contact Number** |  | | | | | |
| **Consent** | Yes: No: | | | | | |
| **Notes** | (please describe, in brief, the nature of your involvement with this young person) | | | | | |
| **Risk Factors** | (please list any known risk factors we should be aware of when engaging with this young person, including associations) | | | | | |
|  | | **Yes** | **No** |  | **Yes** | **No** |
| Is the young person at school / college / employed? | |  |  | Is the young person known to recently misuse substances? |  |  |
| Does the young person reside at a stable address? | |  |  | Does the young person associate with positive peer groups? |  |  |
| Does the young person have any urgent health needs? | |  |  | Does the young person have supportive family relationships? |  |  |
| **If yes, please state:** | | | | Does the young person have access to the internet for online activities? |  |  |

**Please return completed forms using the internal email to:** [triage@positive-steps.org.uk](mailto:triage@positive-steps.org.uk) **or send securely via CJSM to** [yjs.admin@oldham.cjsm.net](mailto:yjs.admin@oldham.cjsm.net)