**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 **or send securely via CJSM to** yjs.admin@oldham.cjsm.net