**St Giles Trust Referral Form**

**SOS+ North Yorkshire**

**Please return referral forms to:** [**northyorkshireSOSplus@stgilestrust.org.uk**](mailto:northyorkshireSOSplus@stgilestrust.org.uk)

|  |  |
| --- | --- |
| **Date of referral:** |  |
| **Name of referrer and Agency:** |  |
| **Contact details:**  **Email:**  **Telephone number:** |  |
| **Is young person aware of referral?**  **Have they consented?** | **Yes / No**  **Yes / No** |
| **Are the Young Persons family aware of referral?** |  |
| **Social Worker (if applicable) and contact details:** |  |

|  |  |  |
| --- | --- | --- |
| **Details of person being referred:** | | |
| **Name:**  Preferred name:  Aliases: | | **Address:**  **Post Code:**  Accommodation Type:  Able to return to this address? |
| **Date of Birth:** | Age: |
| **Ethnicity:** | |
| **Gender:** | | **Contact Number:** |
| **Sexual Orientation:** | | **E-mail:** |
| **Do they consider themselves disabled? Y/N**  **If yes, Please provide details:** | | **Parent/Guardian:** |
| **Relationship:** |
|  | | **Contact Number:** |
|  | | **E-Mail**: |

|  |  |
| --- | --- |
| **Known to Agencies: Yes / No**  **Agencies known to:** | **GP registered? Yes / No**  **GP Name and Address:** |
| **Current gang affiliation if applicable:** | **MISPERS/ABSENCES:** |
|  |  |
| **Current or pending offences:** | **Previous cautions/ convictions:** |
|  |  |

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| **Immediate risk, exploitation, vulnerability assessment:**(Complete for referrals where no PNN submitted) | |
| **Suicide/ Self-harm/Neglect:** | Y/N |
|  | |
| **Substance misuse:** *(List each substance)* | Y/N |
|  | |
| **Physical Health/ Mental Health/ Disability:** *(list each condition)* | Y/N |
|  | |
| **Human Slavery:** | Y/N |
|  | |
| **Arson/Damage to property:** | Y/N |
|  | |
| **Sexual Offences:** | Y/N |
|  | |
| **Violent Offences:** | Y/N |
|  | |
| **Females:** *(workers/community)* | Y/N |
|  | |
| **Males:** *(worker/Community)* | Y/N |
|  | |
| **Children:** | Y/N |
|  | |
| **Concerns around Serious Youth Violence:** | Y/N |
|  | |
| **Concerns around Child Criminal Exploitation/Serious Organised Crime:** | Y/N |
|  | |
| **Concerns of Radicalisation/Extremism:** | Y/N |
|  | |
| **Other agencies involved with client (Please list and provide contact details):** | Y/N |
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| **Support Needs** |
| **Language Issues:** |
|  |
| **Drug:** *(type/amount/frequency/length of use/route)* |
|  |
| **Alcohol:** *(type/amount/frequency)* |
|  |
| **Physical Health/Mental Health/Disability:** *(diagnosis/medication/care)* |
|  |
| **Education/Training:** |
|  |
| **Finances/Benefits/Debt:** |
|  |
| **Family Relationships:** |
|  |
| **Attitudes, thinking and behaviours:** |
|  |
| **Exploitation or Violence:** |
|  |
| **Accommodation**: |
|  |
| **Any other relevant information:** |

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