**Referral Method:** Tel 🗆 / Visit to WEB 🗆 **/** Post 🗆 / Email 🗆

**Service Required**: Young Women’s Group 9-12 🗆 / Young Women’s Group 13-18 🗆 /

Young Boys’ Group 9-15 🗆 True Colours Group 🗆 1:1 Counselling 🗆

Name of Child/YP Referred:

Date referred:D.O.BAge:

Address/Post Code:

**If under 16:** Name Parent/Guardian: Tel:

Please tick if the young person can be contacted on this telephone number 🗆

Can message be left on this phone? Yes/No. Can message be left on mobile/by text? Yes/No

Children/Young person’s Tel (if applicable)

GP Name & Address:

**I, the Parent/Guardian/Young person agree to this referral being made on my child’s/my behalf to WEB:**

**Name: Signature:**

Please give a short summary of the reason for referral:

Is support needed for any of the following issues? Please tick all that apply:

Bullying/Isolation 🗆 Physical Health 🗆 Domestic Violence 🗆 Abuse issues 🗆 Mental health 🗆 Depression 🗆 Stress 🗆 Confidence/Self-esteem 🗆 Young Carer 🗆 Gender Identity Issues 🗆

Referred By: Agency:

Contact Details: Signature:

**Referrers, please complete the below in relation to whether the client is a risk to themselves or others. If you select medium or high – please advise why.**

Risk Assessment: Low [ ]  Medium [ ]  High [ ]

Risk Management:

Please take a moment to complete the following form with the child/young person. Please use your discretion – you may feel that some questions are not appropriate for their age/circumstances. If this is the case please leave this section blank. This information is **vital** to existing and future funding and **ensures our ability to provide these services.**

**Date of Birth **

**Preferred Gender:** Male **[ ]** Female **[ ]** Non-Binary **[ ]** Prefer not to say **[ ]**

**Ethnic Origin**

**White Asian Black Other Ethnic Group**

British [ ]  British [ ]  British [ ]  Arab [ ]

Irish [ ]  Indian [ ]  African [ ]  Mixed Background [ ] Other [ ]

Gypsy/Irish [ ]  Pakistani [ ]  Caribbean [ ]  Other [ ]

Traveller

Other [ ]  Bangladeshi [ ]  Prefer not to say [ ]

Chinese [ ]

Other [ ]

**Religion or Belief**

No religion [ ]  Christian [ ]  Buddhist [ ]  Hindu [ ]  Jewish [ ]

Muslim [ ]  Sikh [ ]  Other Religion [ ]  Prefer not to say [ ]

**Sexual Orientation**

Heterosexual [ ]  Lesbian [ ]  Gay [ ]  Bisexual [ ]  Prefer not to say [ ]

**Disability Caring Responsibilities**

Does the young person have any physical disabilities? Does the young person have any

Yes: [ ] No:**[ ]** caring responsibilities?

Does the young person have any learning difficulties?Yes: [ ] No: [ ]

Yes: [ ] No: [ ]

If yes, please specify: