Referral Form - Children, young people and family services

To access our children, young people and families services at Newport Mind, please complete the following referral form and return to [**CYPF@newportmind.org**](mailto:CYPF@newportmind.org)

(Check all of your inboxes for a response, including junk and spam folders.)

Please provide as much information as you can. **Failure to complete with adequate information may result in delays in the referral process and allocation of support.**

**If you are a young person or family** **member** completing this form, you only need to fill in the sections coloured in **pink** (sections 2-9).

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| 1. Organisation Details | |
| Name of Referrer |  |
| Agency |  |
| Address |  |
|  |
| Postcode |  |
| Email |  |
| Tel |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Child/ Young Persons Details(only provide parent/carer details if required) | | | | | |
| Name |  | | | | |
| DOB |  | | Age |  | |
| Gender |  | | Ethnicity |  | |
| Address |  | | | | |
|  | | | | |
| Postcode |  | | | | |
| Phone number | Young person: |  | Parent/carer: | |  |
| Email Address | Young person: |  | Parent/carer: | |  |
| School |  | | | | |
| Referral Date |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Key Family members (Please include details of parents/carers and other family members such as siblings, step siblings, or other important people) | | | | |
| First name | Surname | Relationship to named child | Date of birth | Household member? |
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| 1. Key agencies who are working with the young person/ family (if known) | | |
| Agency | Contact Name | Telephone |
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| 1. Reason for referral (please provide as much detail as possible) |
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| 1. What are the desired outcomes of this referral?(please tick the relevant support type and provide further details in the box below) | | | |
|  | 1-to-1 support | Group support | Family support  Information & signposting | |
|  | Peer support | Paid for counselling | Unsure/ not known | |
| Details: | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. Is there anything we should know about in order to stay safe around the young person/ family?(for example, potential concerns, dangerous dogs, violent family, previous convictions) | | | | | | |
|  | Yes | No | Not Known |  |  |
| Details: | | | | | | |

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| --- | --- |
| 1. Any other relevant information regarding the following categories(If you need any help as a family with any of the things below please let us know) | |
| Language |  |
| Communication |  |
| Disability |  |
| BAME/ LGBTQ+ |  |
| Other |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Has the young person/ family agreed to this referral and that this information can be shared with other organisations/ partners?(Consent is required to access our services) | | | | | |
|  | Young person has given consent |  | Family has given consent |  | None have given consent (details required in order for referral to be processed) | |
| Details: | | | | | |

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| 10. Child’s Developmental Needs(including health, education, emotional and behavioural development, identity, family and social relationships, social presentation, self care skills) |
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| 1. Parenting Capacity(including basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability) |
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| 1. Family and Environmental Factors(including community resources, family’s social integration, income, employment, housing, wider family, family history and functioning) |
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