|  |
| --- |
| **Referral Source Details** |
| **Contact Name** |  | **Date** |  |
| **Agency** |  | **Job Title** |  |
| **Address** |  |
| **Town**  |  | **Post Code** |  |
| **Contact Number (Day)** |  | **Contact Number (Evening)** |  |
| **Email** |  |

|  |
| --- |
| **Child/Young Person’s Details** |
| **Name** |  | **D.O.B** |  |
| **Male/Female/Trans** | **Religion** |  | **Ethnicity** |  |
| **Address** |  |
| **Town** |  | **Post Code** |  |
| **School** |  | **Contact Number** |  |
| **Year Group** |  | **Aware of referral?** | Yes / No | **Permission granted** | Yes / No |

|  |
| --- |
| **Parent/Carer Details** |
| **Name** |  | **D.O.B** |  |
| **Male/Female/Trans** | **Religion** |  | **Ethnicity** |  |
| **Address (if different)** |  |
| **Contact Number (Day)** |  | **Contact Number (Evening)** |  |
| **Email** |  |
| **Aware of referral?** | Yes / No | **Permission granted** | Yes / No |

**If consent for this referral has not been obtained by the young person and/or carers, please give reasons for this, particularly why informing them would jeopardise the safety of the children, or why their wishes have been overruled.**

|  |
| --- |
|  |

Please detail any vision or hearing difficulties

|  |
| --- |
|  |

Please provide us with any details of medication that is currently being taken:

|  |
| --- |
|  |

Other professional agencies involved and contact details (including GP)

|  |
| --- |
|  |

**Needs Assessment**

Please tick the areas of concern relating to the young person you are making this referral for.

|  |
| --- |
| **Areas for Concern**  |
|  | Mental Health |  | Emotional and behavioural development |
|  | Physical Health |  | Guidance and boundaries |
|  | Drugs and Alcohol |  | Stability |
|  | Education |  | Wider family |
|  | Ensuring safety |  | Housing |
|  | Identity |  | Employment |
|  | Family and social relationships |  | Income |
|  | Social presentation |  | Other: *(Please state)*  |
|  | Basic care |

**Please summarise the key concerns from the information gathered by yourself / your agency in relation to the dimensions above. Why are you contacting Cherished at this point? Please identify any services offered already by your agency and outcomes and any other substantial unmet needs.**

|  |
| --- |
|  |

**Service you feel would be most beneficial to the young person you are referring?**

**Please select from the following:**

|  |  |
| --- | --- |
| One to One Mentoring within school |  |
| One to One Mentoring online - (year 9 and above) |  |
| Cherished Course |  |
| Kindness Counts Course |  |
| Blossom Girls Group  |  |

**Who is funding the support? (It is £25 per hour per week.)**

|  |  |  |  |
| --- | --- | --- | --- |
| School |  |  |  |
| Parent |  |  |  |
| Agency |  |  |  |
| Other |  |  |  |

|  |  |
| --- | --- |
| **Sense of self**  | **Please tick if relevant**  |
| Poor sense of self |  |
| Negative thoughts about the future |  |
| Struggles with understanding the difference between right and wrong  |  |
| Jumpy and on edge, constantly checking out their environment  |  |
| Frequent daydreaming  |  |
| Fidgety |  |
| Becomes over excited very easily |  |
| Shows over-reactive responses to difficulties or conflicts that can result in aggressive behaviours  |  |
| Memory difficulties |  |
| Displays inappropriate sexualised behaviour |  |
| Verbally abusive  |  |
| Lacks self awareness |  |
| Seems unable to describe how they are feeling  |  |
| **In Relationships**  |  |
| Difficulties trusting others  |  |
| Difficulties making and maintaining friends |  |
| Struggles to understand other people's feelings  |  |
| Social communication difficulties  |  |
| Over familiar with people  |  |
| Unable to trust and follow an adult's lead  |  |
| Heightened sense of justice- over sensitive to potential disrespect  |  |
| Lying |  |
| Difficulties with eye contact and touch |  |
| Can seem superficial and difficult to connect with  |  |
| No sense of remorse  |  |
| Clingy |  |
| Seems expressionless  |  |
| Unable to smile, laugh or have much fun |  |
| **Learning Environment**  |  |
| Unable to cope with change |  |
| Organisational difficulties  |  |
| Seems to ‘tune out ‘ of what is going on  |  |
| Unable to concentrate  |  |
| Unable to progress in their learning  |  |
| Speech and language difficulties  |  |
| Having fine and gross motor skills difficulties  |  |
| Doesn't respond consistently to the use of reward and sanctions in the classroom  |  |

***Please if you are referring from a school, can you provide us with the following information from the last 6 months.***

|  |  |
| --- | --- |
| **Attendance** | **Sanctions** |
| Number of lates  |  | Number of detentions |  |
| Unauthorised absences |  | Are they currently at risk of exclusion? | Yes / No |
| Main reasons for absences |  | Number of exclusions |  |
| **Rewards Given**  |
| (*praise postcards, phone calls home, letters to parents, reward trips)* |  |

|  |
| --- |
| **How did you hear about Cherished?** |
|  | **Website** |
|  | **Social Media** |
|  | **Word of mouth/Recommendation** |
|  | **Poster** |
|  | **School** |
|  | **Other** *(Please state)* **:** |

**Signature**

I declare that I have the authority to make the above referral and that the above information is correct to the best of my knowledge.

|  |  |
| --- | --- |
| Signed |  |
| Name Printed |  |
| Date |  |

**Thank you for completing a referral to Cherished.**

Please return your form by post or email to:

Cherished

2nd Floor,

198 Boldmere Road,

Sutton Coldfield,

B73 5UE

admin@cherisheduk.org

*For Internal use only:*

Personal

* Physical Abuse
* Verbal Abuse
* Sexual Abuse
* Physical Neglect
* Emotional Neglect

Related to other family members

* Alcoholic Parent
* A parent who is a victim of DV
* A family member is in jail
* Mental illness / Parents of cares
* Divorce, Death or Abandonment.

ACE Score -