**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 FemaleNon-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: