



Young People Cornwall Request for service

The information contained on this form is **confidential** and should not be shared, without the consent of YPC and the Young Person/family concerned.

***This form should be completed by or with the young person and will be shared with them**

***Please be aware that until the child or young person is activated by the case worker that the risk associated with the child/young person sits with the referrer not Young People Cornwall.**

<p><u>Your Details:</u> Name: Date of Birth: Age: Gender: NHS Number: Ethnicity: white British</p>	<p>Home address: Tel/ mobile Email: How should we contact you? phone Can we contact your parents/carers?</p>
<p>Can we make contact at your home address? Yes</p>	<p>If not is there an alternative address?</p>
<p><u>Your Parent/Carer Details (if under 18):</u> Name: Tel:</p>	<p><u>Your Emergency Contact details (if different):</u> Name: Tel: Relationship to you:</p>
<p><u>Referrer Details:</u> Name: Agency: Contact:</p>	<p><u>GP Details:</u> Name/Surgery:</p>
<p>Do you work with any other agencies (eg. social worker, youth worker, family worker, CAMHS, counselling)? Name (s) and organisation:</p>	

Is it OK for us to contact these agencies? (state which)
What school/college do you attend (if any)?
Do you know if you have a CAF/TAC in place?
If under 18 have your parent/carers consented to this referral?
<p>Please return this form to Tracey Hancock Email: referral@vpc.org.uk Young People Cornwall Postal Address: Carloyn Road ,St Austell PL25 4DB Tel: 01872 222447/ 07422505646</p>
The following questions are designed to help us understand your situation and make sure we offer you the right support. Please answer as fully as you feel you can.
<p>What support would you like from Young People Cornwall? (please tick all that apply)</p> <ul style="list-style-type: none"> • One to one support (HOV 121, Victim of Crime) • Wellbeing Practitioner service-Low intensity Cognitive Behaviour therapy(CBT) • Group work (small social groups – activities) • Participation – getting your voice heard and influencing services. • CWT – (NEET 16-25yrs 121 support)
CWT partner referral for Tier 2 support - Has participant been signed up and accepted onto CWT project? Yes / No
<p>Would you be happy to receive your support via digital means? - video calling (e.g.Zoom) or Telephone/Text</p> <ul style="list-style-type: none"> • Yes • No
What is the <u>main</u> reason you are referring to us and how is this affecting your daily life?
Who do you live with?
What support (if any) has already been put in place for you (at school/home for example)?
Please tell us what outcome/(s) you would like to see from this service? And or anything else you want us to know

Please tick any boxes below that will aid us in matching you to the appropriate project.

Home Environment		Health	
Absent Parents	Parental Ill Health	Illness (self)	STI's
Care Leaver	Parental Relationship Breakdown	Disability	Teenage Parent
Alcohol (parent/other)	Parental Substance Misuse	Physical Problems	Teenage Pregnancy
Bereavement	Residential Children's Unit	Learning Disabilities and Difficulties	Termination of Pregnancy
Domestic Violence (partner)	Safe and Healthy Environment	Psychotic Episodes	Trauma
Domestic Violence (parent/other)	Young Carer	Rape	Weight issues
Financial Hardship	Neglect	Sexual Abuse	Smoking
Foster Care / Adoption	Emotional Abuse	Substance Misuse	Autistic Spectrum Disorder
Homeless / In Refuge	Physical Abuse	Risk of Exploitation	Online Safety
Isolation	Complex Family Issues	Emotional	
Behaviour		Motivation	Bullying
Criminal Behaviour	Self-Control	Anxiety/Stress	Self-Harm
Eating Difficulties	Sexual Behaviour	Confidence	Self-Worth
Restless / Overactive	Violence	Depression	Suicidal Thoughts
Identity / Relationships		Loneliness	Anger
Boyfriend / Girlfriend	Peer Relationships	Vulnerable Groups	
Dating Abuse	Sense of Belonging / Identity	At School / College / On a Training Scheme	Multiple Vulnerabilities
Discrimination	Growing up / Independence	Not in Education Employment or Training	BME
Sexuality	Culture / Religion	Criminal Justice System / Victim of Crime	CAF process / TAC in place

Please tick any of the following that apply to you:

Young Carer

In Care

Care leaver

Disability

Learning Need

Medical Condition

ASD/ ADHD

If you have ticked yes to any of these please give us a bit more information:

Please complete this section

I (insert young person name) consent to this service request and the information given being stored and shared within Young People Cornwall. I have read and understand the information about the referral process.

I give permission for you to share my information with other projects in our partnerships. Yes/No

I give permission for my information to be shared with Exeter University as appropriate. Yes/No (NHS funded services)

I give permission for my enquiry being recorded on our Views, IAPTUS, and Tracker database Yes/No

Do you consent to your enquiry being discussed with other projects within Young People Cornwall and our referral management process? Yes/No

Signed by young person

.....

Date.....

Signed by worker / parent / carer

.....

Date

Send this request to Young People Cornwall: referral@ypc.org.uk Please state the service you are requesting in the subject box of your email. This will assist in the triaging of your request.

If you need any help in completing this form, please contact Young People Cornwall

Telephone enquiries: 01872 222447 Monday to Thursday 9.00 am to 5.00pm Friday 9.00am to 4.00pm

Or visit the website www.youngpeoplecornwall.org

Step 1 - YPC receives your request and responds with an automated response confirming date of next Referral Management Meeting. YPC will carry out **additional checks if and when necessary.**

Step 2- Your service request will be triaged and if not accepted will be returned directly to the referrer. (Triage meeting takes place every Monday afternoon).

Step 3 – Your Service request has been accepted at the triage stage and will be discussed and allocated to caseworker at YPC Referral Management meeting (Held every two weeks). After the meeting, you will receive an email to say who your case worker is, and someone will be in touch within 7 days to arrange first meeting

Step 4- The Caseworker will feed back to the referral management team to confirm date of young person will be met.

Step 5- The Caseworker will feed back to the referral management team to confirm young person has been met and will be on case load. (They will then be removed from Referral management)