

*Referral Form – Please return to:* ***derbyshire@cgl.org.uk***

|  |  |  |  |
| --- | --- | --- | --- |
| **Has the young person agreed to the referral?**  | **Yes No** **Please note – we are only able to work with young people who consent to a referral.**  | **Date of referral:**  |  |
| **Name:** |  |
| **Date of Birth:**  |  | **Age:** |  |
| **Ethnicity:**  |  | **Gender:**  |  |
| **Address:****Postcode:** |  |
| **Contact Number - Home:** **Mobile:** |  |
| **Can we phone?**  | **Yes No**  | **Can we write?** | **Yes No**  |
| **Brief details of substance use:** |  |
| **Are there any vulnerabilities / concerns:***E.g. offending behaviour, parental use, homelessness, NEET, injecting drug use, overdose, young parent, immigration.*  |  |
| **Other agencies involved****Name & contact details** |  |
| **Are Social Care involved****Social Work Name****Contact Number**  | **Yes No** **If yes, please indicate belowLAC/CIN/CP**  |
| **Are there any safeguarding concerns?** *E.g. CSE.* | **Yes No** **If yes please give details below** |
| **Have you completed a screening toolkit?**  | **Yes**  **No**  **Please attach with referral**  |
| **Any health concerns or disabilities?***E.g. physical/mental health* |  |
| **Referral to DrugFAM?** |  |
| **Are parents/guardians aware of the referral?** **Name of Parent/Carer Contact Number****Can we contact the parents/guardians?** | **Yes No Not known** **Yes No Not known**  |
| **Referrer’s details****Name****Address****Telephone Number****E-mail address** |  |
| **What would the young person like & where would the young person like to be seen?** |  |

*Please return to:* ***derbyshire@cgl.org.uk***