Referral form for young people

Change Grow Live | The Corner Sheffield

Our young people's support service

The Corner is Sheffield's young people's substance misuse service. We provide free support and treatment to young people under 18 located within the Sheffield area who are experiencing problems with drugs and alcohol. We offer a flexible, non-judgmental, confidential, and accessible service. We also provide advice and guidance to family members and significant others who may be worried about or affected by a young person's drug or alcohol use- as well as group work and free training for Sheffield based professionals.

Contact information and referral process

Please remember to explore any referral with the young person, making sure that they agree and understand what is involved. We cannot accept referrals where a young person hasn't given their consent.

Referral Validation

Has the young person agreed to this referral? ☐ Yes ☐ No - If no, we are unable to accept.

Is the parent/ carer aware of this referral? ☐ Yes ☐ No - Please provide details

Young person basic details

Name:

Date of Birth: / / Contact Number:

Email:

Address:

Town or city: County: Postcode:

Please provide an overview of the reasons for this referral (substances/ amount being used/ how long/ who with/ impact of substance use)

Please provide contacts details of any other agencies / professionals involved with young person (FIS/ CAMHS/ Social worker)

Any further information you feel relevant (school/ home life/ physical/ emotional health/ learning needs)

Safeguarding Information

Is the YP a LAC? ☐ Yes ☐ No Does the YP have a CPP? ☐ Yes ☐ No

Is the YP a CIN? ☐ Yes ☐ No Is the YP involved w / social care? ☐ Yes ☐ No

Further details including name and contact details of social worker(s)

Parent / Carer basic details

Name: Relationship to YP

Can we contact ☐ Yes ☐ No Contact Number:

Referring Person basic details

Name: Relationship to YP

Contact Number: Email:

Logistic Details - Where to meet with YP

Who is the initial appointment to be made with? Please tick to indicate and provide contact details

Referrer ☐ Contact

Y.P ☐ Contact

Other ☐ Contact

Young person inclusion details

The following information is collected in order to improve our service availability and ensure we are as inclusive as possible for Sheffield's young people. If the information can be provided at referral stage, it helps with our future planning and saves us from collecting the information later in the young person's journey.

Gender: Ethnicity:

Sexuality: Country of birth:

Mental health concerns:

Physical health concerns:

Language/ communication - (i.e. English as second language braille/ sign language)

Any other info:

Thank you for completing a referral for The Corner.

For information or queries please contact us on: **0114 275 2051**
Email completed referral forms to: **thecorner.sheffield@cgl.org.uk**
Post completed referral forms to: **91 Division Street, Sheffield, S1 4GE**

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