Referral form for Parents/carers

Change Grow Live | The Corner Sheffield

Our family and carer support service

The Corner now has a Parents and Carers Lead who will provide information and support for parents and carers who are affected by their child's drug or loved one's drug or alcohol use.

We aim to provide information, support and signposting to relevant services to address the specific needs of the parents and carers, both practical and emotional. We ensure that affected parents and carers have access to a confidential platform to reflect their own needs and wellbeing.

About family member/parent/carer

Name:

Date of Birth: / / Contact Number:

Email:

Address:

Town or city: County: Postcode:

Dependant Details:

Can we write? ☐ Yes ☐ No Can we call? ☐ Yes ☐ No Can we email? ☐ Yes ☐ No

Preferred time of contact:

Morning ☐ Afternoon ☐ Specify

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

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

What substance(s) is the person using?

Are they currently receiving support? If yes, please provide details

Referring Person basic details

Name: Relationship to YP

Contact Number: Email:

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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