

Young Persons Active Monitoring Referral Form

Return to [info@mindaberystwyth.org](mailto:info@mindaberystwyth.org)

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| **Referral Details** | | | | |
| Referral date: | School: | | Year group: | |
| **Young Persons Details** | | | | |
| Name: | | | | Nationality: |
| Gender: | Ethnicity: | | Religion: | |
| Date of birth: | First language: | | Self-Referral: | |
| Contact number: | | | | |
| Address  Post code: | | | | |
| Does the client have a formal diagnosis of Autism or Learning Need e.g. Dyslexia, please state: | | | | |
| Do you or your parent/ carer currently, or have previously, served in the armed forces? | | | | Yes/ No |
| **Next of Kin/Carer/Guardian details** | | | | |
| Surname: | | Forename: | | |
| Contact number: | | Relationship to young person (legal status): | | |
| **Referrers Details** | | | | |
| Name: | | Contact Number: | | |
| Role: | | Email: | | |
| **Reason for Referral** | | | | |
| Please describe what is happening, where & when, how often and how long, giving examples (Please explain the background to the problem; is it getting worse or staying the same? Possible trigger factors. What has been tried / what has worked so far) : | | | | |

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| **Reason for Referral continued** |
| Please add any relevant family detail / history, or anything else that may be influencing the current situation:  Please list any other services or organisations involved: |

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| **Safeguarding & Risk** |
| Is there any risk to the Young Person (YP)? Yes  No  Do you have concerns about the welfare of the YP? Yes  No  Action taken: |
| **Consent to referral** |
| Has the reason for the referral been explained to the YP? Yes  No  Has the person given consent for the referral and evaluation? Yes  No  Is the person under 13 years of age and therefore needs parental consent? Yes  No  Are the YPs parents/guardians aware of the referral? Yes  No  Notes relevant to referral (e.g. if YP was unsure why the referral had been made did they express any concerns): |
| **Signatures** |
| Signature of Referrer: Date:  Signature of Young Person:  Digital signature  Verbal signature |

**Personal Information**

Your personal information is requested for the following reasons:

* to contact you about changes or cancellations to sessions days or times
* to inform you of other relevant events and in order to be able to identify you to another agency in the event of an emergency (e.g. your GP, Community Mental Health Service, Emergency Services).

All the identifiable information you provide is kept in the strictest confidence according to the General Data Protection Regulations 2018. Any information used for statistical analysis is anonymised and will not identify you personally.

**Please tick this box for our marketing team to contact you with relevant information.**

There are circumstances in which we may have to disclose information about you or information that you have shared with us to a third party in accordance with the Social Services and Wellbeing Act 2014. For example, if you share something which means that you, a vulnerable person (an adult, child or young person under 18) or members of the public may be at risk of significant harm we would need to contact the relevant emergency services. If you are at risk of significant harm, we may need to contact your GP, sCAMHS/Community Mental Health Team or another emergency service. If we need to disclose information about you to a third party, we will discuss with you who we need to contact and why. The reasons we may do this are set out in our Privacy notice, along with how you can access any information that we hold about you. This privacy notice can be viewed at <https://mindaberystwyth.org/privacy/> or you can request a copy by emailing [info@mindaberystwyth.org](mailto:info@mindaberystwyth.org)