**GRASAC – Emotional Support REFERRAL FORM FOR UNDER 18**

When completed please email to info@glosrasac.org.uk

We recommend sending this via Egress.

**ALL BOXES ARE MANDATORY - REFERRALS MAY NOT BE ACCEPTED IF ANY AREA IS INCOMPLETE AND CONSENT IS NOT GAINED.**

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| Date |  | Is the client already known to GRASAC | Yes [ ]  No [ ]  Not Known [ ]  |
| **Have you obtained consent from the client to make this referral?****If NO the referral will be rejected.** | Yes [ ]  No [ ]  |
| **Has the GRASAC confidentiality statement below been explained to client? If NO the referral will be rejected.** | Yes [ ]  No [ ]  |
| **GRASAC confidentiality statement:****The information shared with GRASAC is confidential and will only be shared within the organisation where relevant.** ***We will only break confidentiality if: -*** * ***The client requests us to.***
* ***If you’ve given us identifying information and we are concerned for the client’s safety.***
* ***If the client is a child at risk, or they are giving us identifying information about a child at risk.***
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| **REFERRER DETAILS** |
| Referrer name, organisation & role |  |
| Referrer contact number |  |
| Referrer email address |  |
| Reported to police? | Yes [ ]  No [ ]   |
| Police Investigation ongoing? | Yes [ ]  No [ ]  **If yes – please contact the office as this referral may not be suitable for the emotional support service.**  |
| Would you like to be informed of any outcomes of support? | Yes [ ]  No [ ]  |

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| **CLIENT DETAILS** |
| Name |  |
| DOB |  | Age |  |
| How would the client describe their gender? |  | Does the client identify with the sex/gender they were assigned at birth?  | Yes [ ]  No [ ]  Unsure [ ]  |
| How would the client describe their ethnicity?  |  |
| Contact number |  | Safe to leave message? | Yes [ ]  No [ ]  |
| Safe to text? | Yes [ ]  No [ ]  |
| Email address |  | Safe to email? | Yes [ ]  No [ ]  |
| Postal address |  | Safe to post | Yes [ ]  No [ ]  |
| Emergency contact: Name, number & relationship to client |  |
| Name of school/ college |  |
| Name of social worker and contact details: |  |

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| **PARENT/ CARER DETAILS** |
| Is Parent/ Carer aware of this referral? | Yes [ ]  No [ ]  | *If* ***NO****, please detail why:* |  |
| Parent/ Carer Names |  |
| Contact number |  | Safe to leave message? | Yes [ ]  No [ ]  |
| Safe to text? | Yes [ ]  No [ ]  |
| Email address |  | Safe to email? | Yes [ ]  No [ ]  |
| Postal address |  | Safe to post | Yes [ ]  No [ ]  |

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| **REASON FOR REFERRAL** |
| Suspects name(If known) |  | Relationship to suspect |  |
| Main factual information: |
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| **ADDITIONAL INFORMATION**  |
| Does the client have any current or historical Criminal Convictions? | Yes [ ]  No [ ]  | Further details |  |
| Does the client have any mental health issues?Please include any current or historical self-injury? | Yes [ ]  No [ ]  | Further details |  |
| Does the client have any current or historical alcohol or drug dependency? | Yes [ ]  No [ ]  | Further details |  |
| Does the client have any Neurodivergent Conditions? | Yes [ ]  No [ ]  | Further details |  |
| Does the client have any learning difficulties?(e.g., Dyslexia, Dyspraxia, Dyscalculia)  | Yes [ ]  No [ ]  | Further details |  |
| Does the client have any physical health conditions / disabilities? | Yes [ ]  No [ ]  | Further details |  |
| Does the client have any sensory impairment?  | Yes [ ]  No [ ]  | Further details |  |
| Is an interpreter required? | Yes [ ]  No [ ]  | Language required:(Please include the details of any professional involved, who could support with the referral)  |  |
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| **SAFEGUARDING – REFERRALS MAY NOT BE ACCEPTED IF THIS SECTION IS INCOMPLETE** |
| Has a safeguarding referral been made regarding this case? | Yes [ ]  No [ ]  |
| If yes, please provide details of the safeguarding concerns |  |
| Safeguarding referral made to |  | Date safeguarding referral made |  |
| Please provide details of any other actions taken regarding this case |  |
| Please provide details of any next steps planned regarding this case |  |