**Hidden Harm Referral Form**

***Referral Form for Young People affected by a loved one’s substance misuse***

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Gender | [ ]  Male[ ]  Female | DoB |  |
| Nationality |  | Ethnicity |  |
| Contact Number |  | Best time to contact  | Morning / Midday / Afternoon / Evening  |
| Parent/Carer’s details |  |
| What school does the young person attend? |  |

Has the parent/carer consented to the referral being made? [ ]  Yes [ ]  No

Is the young person aware of the referral being made? [ ]  Yes [ ]  No

Is it appropriate to visit the young person at home? [ ]  Yes [ ]  No

Would a joint visit be appropriate, e.g with

Social worker/YOS worker/Youth worker [ ]  Yes [ ]  No

*Reason for Referral*

|  |
| --- |
| *How is the child/YP affected by their loved one’s substance misuse*? Is the child/YP’s loved one receiving support?  |

Referrer’s details

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address |  |
| Telephone No |  | Mobile |  |
| Email address |  |
| Relationshipwith child/YP |  |
| Other Professionals involved e.g Social Services / Youth Worker / YOS worker  |  |
| Signature |  | Date |  |

**Please return this form securely using Egress Switch to the email** **NewhamYP@cgl.org.uk** **or to** **NewhamYP@cgl.cjsm.net**