**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 |  | | | |
| Relationship  with 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**](mailto:NewhamYP@cgl.org.uk) **or to** [**NewhamYP@cgl.cjsm.net**](mailto:NewhamYP@cgl.cjsm.net)