**SHOT: Healthy Relationship Service – REFERRAL FORM**

***OFFICE USE ONLY***

Date received:

Date added to system:

**For young people aged 11-25 (Cardiff) and 11-18 (Vale)**

Cardiff YMCA, The Walk, Roath, Cardiff, CF24 3AG

Tel: (029) 20465250 | E-mail: SHOT@ymcacardiff.wales

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| **Details of Young Person** |
| Name of Young Person: | Date of Birth:Age:  | Gender:Ethnicity: |
| Address: | Telephone number:Mobile number: |
| Does this young person have a risk assessment or carry any risks regarding lone working?YES NO*If yes, please state:* |

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| Main Carer/ Person With Parental Responsibility:Name: Relationship to Young Person:Address: | Consent Gained from Young Person:*We require consent from the young person to carry out work.**Has consent been gained?*YES Parent/Carer Aware? (If applicable)*If the young person is under 13 we require parental/carer consent.*YES NO N/A  |
| Would the young person prefer a male or female worker?MALE FEMALE N/A | Can the SHOT contact the young person at home?\*YES NO |
| What is the young person’s housing or family situation? |
| What is the Young Persons First Language? |
| Is the Young Person in Education? (*please state school/college details)* |
| Is the Young Person Consider Them Self To Be Disabled?YES NO |

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|  **Other Agencies Involved:** |
| Social Worker/ Team Around The Family Worker:Name:Address:Tel: | Other - *(i.e. SARC, Police, Emotional Well-Being Service)*:Name:Address:Tel: |
| School/College – Key Contact *(i.e. teacher, pastoral)*:Name:Address:Tel: | Other – *(i.e. think safe team, SERAF)*: Name: Address: Tel: |

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| **Reason for Referral – Please Tick Boxes Below** |
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| **11-25 years old** | **13-25 years old** |
| Puberty and Growing Up |  | Contraception Information |  | Understanding Consent |  |
| Identifying Positive Relationships |  | Pregnancy Testing |  | Sexual Risk Taking |  |
| Inappropriate Language & Behaviour |  | Support To Access Contraception |  | Sex & The Law |  |
| Online Safety |  | Support to Access STI Testing/Treatment |  | STI Awareness |  |
|  |  | Peer Influences Relating to Sexual Health |  | General Sexual Health Awareness |  |

***Please expand on issues identified:*** **Is this young person at risk of child sexual exploitation? (please explain vulnerabilities below)**Has a SERAF Risk Assessment been completed within the last 3 months? YES NO N/A Score: |

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| **Referrer Details** |
| Name: | Referral Date: |
| Organisation:Address: | Tel:Email:  |