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

***OFFICE USE ONLY***

Date received:

Date added to system:

**For young people aged 11-18 years old**

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

Tel: (029) 20465250 | E-mail: [SHOT@ymcacardiff.wales](mailto:SHOT@cardiffymca.co.uk)

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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** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **11-18 years old** | | **13-18 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: |