

## St Giles Trust Referral Form

### SOS+ North Yorkshire

Please return referral forms to: [northyorkshireSOSplus@stgilestrust.org.uk](mailto:northyorkshireSOSplus@stgilestrust.org.uk)

<b>Date of referral:</b>	
<b>Name of referrer and Agency:</b>	
<b>Contact details:</b> <b>Email:</b> <b>Telephone number:</b>	
<b>Is young person aware of referral?</b>	<b>Yes / No</b>
<b>Have they consented?</b>	<b>Yes / No</b>
<b>Are the Young Persons family aware of referral?</b>	
<b>Social Worker (if applicable) and contact details:</b>	

<b>Details of person being referred:</b>	
<b>Name:</b>  Preferred name:  Aliases:	<b>Address:</b>  <b>Post Code:</b> Accommodation Type:  Able to return to this address?
<b>Date of Birth:</b>	Age:
<b>Ethnicity:</b>	
<b>Gender:</b>	<b>Contact Number:</b>
<b>Sexual Orientation:</b>	<b>E-mail:</b>
<b>Do they consider themselves disabled? Y/N</b>  <b>If yes, Please provide details:</b>	<b>Parent/Guardian:</b> <b>Relationship:</b>
	<b>Contact Number:</b>
	<b>E-Mail:</b>

<b>Known to Agencies:</b> <b>Yes / No</b>	<b>GP registered?</b> <b>Yes / No</b>
<b>Agencies known to:</b>	<b>GP Name and Address:</b>

<b>Current gang affiliation if applicable:</b>	<b>MISPERS/ABSENCES:</b>
<b>Current or pending offences:</b>	<b>Previous cautions/ convictions:</b>

**Immediate risk, exploitation, vulnerability assessment:**(Complete for referrals where no PNN submitted)

<b>Suicide/ Self-harm/Neglect:</b>	Y/N
<b>Substance misuse:</b> <i>(List each substance)</i>	Y/N
<b>Physical Health/ Mental Health/ Disability:</b> <i>(list each condition)</i>	Y/N
<b>Human Slavery:</b>	Y/N
<b>Arson/Damage to property:</b>	Y/N
<b>Sexual Offences:</b>	Y/N
<b>Violent Offences:</b>	Y/N
<b>Females:</b> <i>(workers/community)</i>	Y/N
<b>Males:</b> <i>(worker/Community)</i>	Y/N
<b>Children:</b>	Y/N
<b>Concerns around Serious Youth Violence:</b>	Y/N

<b>Concerns around Child Criminal Exploitation/Serious Organised Crime:</b>	Y/N
<b>Concerns of Radicalisation/Extremism:</b>	Y/N
<b>Other agencies involved with client (Please list and provide contact details):</b>	Y/N

<b>Support Needs</b>
<b>Language Issues:</b>
<b>Drug:</b> <i>(type/amount/frequency/length of use/route)</i>
<b>Alcohol:</b> <i>(type/amount/frequency)</i>
<b>Physical Health/Mental Health/Disability:</b> <i>(diagnosis/medication/care)</i>
<b>Education/Training:</b>
<b>Finances/Benefits/Debt:</b>
<b>Family Relationships:</b>
<b>Attitudes, thinking and behaviours:</b>
<b>Exploitation or Violence:</b>
<b>Accommodation:</b>

<b>Any other relevant information:</b>

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