

Bexhill Youth Project

REFERRAL FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of referral: |  | | | | |
| Initial contact date:  (complete by FSN Admin) | | PR Number:  (completed by FSN Admin) | | | |
| Child / young person’s name: | | | | | |
| DOB: | | Age: | | | Gender: |
| Main Parent / Carer Name: |  | | 2nd Parent / Carer Name: | |  |
| Address: |  | | Address: | |  |
| Post Code: |  | | Post Code: | |  |
| Tel No 1: |  | | Tel No 1: | |  |
| Tel No 2: |  | | Tel No 2: | |  |
| Email: |  | | Email: | |  |
| Child/ young person’s contact number: |  | | Child/ young person’s email: | |  |
| Does the family know about this referral? Y / N | | | | | |
| School Attended: | | | | | School Year: |
| Parental permission to contact school and other agencies, if applicable: Y / N | | | | | |
| Any other agencies involved (give contact details where possible): | | | | | |
| Name of referring organisation: | | | Name of referring person: | | |
| Referrer’s telephone number: | | | Referrer’s email address: | | |
| **Reason for Referral: (tick all that apply)** | | | | | |
| Deprivation | Low Mood/Self-Esteem | | | Anger Issues | Bullying |
| Risky behaviour | Anxiety/Depression | | | Communication & Social Issues | |
| Other – please specify: |  | | | | |
| **Safeguarding Issues?**  (CP/LAC/etc.) | | | | | |
| **Current risks?**  (self-harm/ suicidal thoughts/risky behaviour) | | | | | |
| **Referral information:**  Please include all relevant information such as family/living situations, presenting issue(s), cause (if known), the impact on the young person’s life | | | | | |
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Please return form to:

Bexhill Youth Project, FSN Robsack Centre, Bodiam Drive, St Leonard’s on Sea, East Sussex, TN38 9TW

Tel: 01424 855 222

Email: [gkiff@fsncharity.co.uk](mailto:gkiff@fsncharity.co.uk)

Registered Charity Number: 208446