**Children and Young People  
Referral form**

This form has been designed for young people to complete themselves. If you are a young person and need support completing this form, please ask an adult that you trust.

If you are an adult completing this form for a young person, we would prefer you complete when the young person is with you, and that questions are answered from their perspective.

**About You**

We need to ask you some questions about you (the young person) so that we can make sure we have all the information we need to support you in the best way. This includes some personal information, which we will make sure is stored in a safe place on our secure system.

|  |  |  |  |
| --- | --- | --- | --- |
| **Your name  (young person)** |  | | |
| **Address** |  | | |
| **Gender** |  | | |
| **Date of birth** |  | | |
| **Ethnicity** |  | | |
| **Preferred way to communicate** | **BSL / SSE / speech / mixed** | **Are you deaf or**  **hard of hearing?** | **Yes / No** |
| **Extra help you need** | E.g. extra time to process information | | |
| **Any other disabilities** |  | | |
| **Are you in full time education?** | **Yes / No** If yes, which school or college do you go to? | | |
| **Best way to contact you** | E.g. your email address, through your teacher, parent or another way. | | |
| **Is it safe to contact you directly?** | **Yes / No** | | |
| **Is it safe to contact your school directly?** | **Yes / No** | | |
| **GP contact details** |  | | |

**About the adult supporting you with this referral**

|  |  |
| --- | --- |
| **Their name** |  |
| **Their job title or relation to you** |  |
| **Where they are based** | E.g. at school, social services or at home with you |
| **Best way to contact them** | E.g. email address, text number, phone number |

**About your parents or carers**

|  |  |
| --- | --- |
| **Are your parents or carers aware about this referral?** | **Yes / No** If no, please explain why |
| **Is it safe to contact your parents or carers?** | **Yes / No** |
| **Your parent / carer names** |  |
| **Are your parent / carers deaf or hearing** | **deaf / hard of hearing / hearing** |
| **Best way to contact them** | E.g. email, text, phone. Please provide their contact details |

**What do you need help with?**

|  |  |
| --- | --- |
| **Please explain what the main issue is** |  |
| **Where are the issues taking place?** |  |
| **When did the issue take place or how long has it been happening?** |  |
| **How would you like us to help you?** |  |
| **Are you feeling safe right now?** | **Yes / No**  **If you feel that you are in immediate danger please contact the emergency services using 999BSL or SMS 999** |
| **Is there anything else we should be aware of?** |  |
| **Emergencies** | **If we feel you are not safe during our chat online or face to face, we will contact our Designated Safeguarding Lead at SignHealth straight away.** |

**How did you know about us?**

It would be really helpful for us to know how you knew about this support for young people. Please tell us in the box below. e.g. SignHealth website, teacher, friend, social worker – or another way!

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| --- |
|  |

**What happens next?**

Thank you for filling in this referral form. We are glad you have contacted us.

Please email this form to [cyp@signhealth.org.uk](mailto:cyp@signhealth.org.uk) and we will get in touch.

We may need to do a risk assessment or ask some more questions before we can tell you if we can help you.

Please have a look at our website for more information and resources:

[Are you a deaf young person? - SignHealth](https://signhealth.org.uk/with-deaf-people/supporting-young-people/)