Off Centre at Family Action

REFERRAL FORM: *Young people must be 16-25yrs old and be registered with a City & Hackney GP to access Off Centre*					
Young Person Name:		**Surname:**			
Date of Birth:		**Age:**		**GP Surgery:**	
Gender: Male ☐ Female ☐ Non-Binary ☐ Other ☐ Please state:		**Do you identify as trans?** Yes ☐ No ☐ Not sure ☐ Prefer not to say ☐			
Nationality:		**Religion/Belief:**			
Ethnicity:					
Sexuality:	Heterosexual (straight) ☐ Bisexual ☐ Gay or Lesbian ☐ Not sure ☐ Prefer not to say ☐ Other ☐ Please state:				
Address:				**Postcode:**	
Living situation:	e.g. in hostel, with family, with friends, homeless				
Contact number:		**Email address:**			
Is it okay to receive texts / voicemails / emails? Yes ☐ No ☐ if no, please give further details:					
School / College / Occupation:	In education ☐ In employment ☐ Not in education or employment ☐ Name of education establishment:				
Name of person(s) with parental responsibility: (*If YP under 18):					
Main Carer(s): Mother ☐ Father ☐ Grandparent ☐ Step Parent ☐ Guardian/Other ☐ Foster Parent ☐ Resident Key Worker ☐					
Do you have any children? Yes ☐ No ☐ If yes, please give name of child(ren) and date(s) of birth:					

Name of family members/household	**D.O.B age**	**Relationship to the young person**	**Address if different**

Do you have any access needs due to Disability or Health?	Yes ☐ No ☐ Please state:
Do you consider yourself to have a learning disability?	Yes ☐ No ☐ Please state:
Do you consider yourself to have any developmental or medical conditions?	Yes ☐ No ☐ Please state:
Do you have any physical conditions or allergies that we should know about?	Yes ☐ No ☐ Please state:

SUPPORT REQUESTED:

Therapy – counselling / art therapy ☐ Advice & Information ☐ Keyworking ☐ Project Indigo (LGBTQI+) ☐

REASON FOR REFERRAL:

Please give us some information about what you (or the young person if you are making a referral on someone's behalf) have come to Off Centre about e.g. what do you need help with, what are your main concerns, how are your issues impacting on you? Anything else you think we should know about you or your situation?

_____
_____
_____
_____
_____
_____

SAFEGUARDING ISSUES OR ANY RELEVANT HISTORY OF TREATMENT INFORMATION:

Are you involved with any other services e.g. Social Care, CAMHS, Adult Mental Health Services, Young Hackney etc?	Yes ☐ No ☐ Please state:
Please give the name and contact details of all other professionals involved in supporting you:	
Are you or have you been in care or have you been accommodated by social services?	Yes ☐ No ☐ Please state (include name of social worker):
Have you had any previous counselling or therapy?	Yes ☐ No ☐ Please state:
How did you hear about Off Centre?	

Consent:

If you are the young person:

I consent to Family Action:

- Processing and storing my information given on the form in accordance with The Data Protection Act 2018 and General Data Protection Regulation 2016/679 (GDPR).
- Processing and storing the personal data I have provided and any supporting information that is required.

If my referral is accepted, Family Action can:

- Seek information from other relevant professionals such as health, social care, education, housing, local authority, police, legal and voluntary services professionals.
- Share information with other relevant professionals such as health, social care, education, housing, local authority, police, legal and voluntary services professionals in order to support my needs.

*Please note that if you do not consent, we will continue to offer you our support, but the services provided to you may be affected. You can discuss this with your allocated Off Centre staff member, and if you have any further queries, with a member of Off Centre Management Team on the details below.

Name (YP):		Signed (YP):		Date:	

If you are not the young person:

Has the young person (or parent/carer if under 18) given consent for this referral to be made? Yes ☐ No ☐

REFERRED BY:

Name:		Designation / role:	
Signed:		Date of referral:	
Contact number:		Email address:	

Please hand this form into reception at Off Centre or scan and email to OffCentre@family-action.org.uk

Off Centre at Family Action – Unit 7 The Textile Building, 29a-31a Chatham Place, London E9 6FJ (entrance on Belsham Street)