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| **Date of referral:** |  |
| Dates of SisterWood taster session 9:30am-12:00 2023:* 7th June

Dates of SisterWood 6-week pilot 9:30am – 3:30pm* 14th June
* 21st June
* 28th June
* 5th July
* 12th July
* 19th July

Location: Deer Leap Farm, Higher Ashton, Teignbridge, EX6 7QS. **The entry point for the SisterWood site is via a field entrance on Ashton lane.** Please navigate to this location using the following coordinates on Google Maps:  **50.6517840, -3.6160915.** Use the What3Words app to find the exact location for the car park =  **walking.climate.tadpole** |
| **About the young person** |  |
| Full name: |  |
| Preferred name: |  |
| Date of birth: |  |
| Their current age: |  |
| Gender assigned at birth: |  |
| Their preferred pronouns:  |  |
| Address/ or addresses if moving between two addresses: |  |
| Name of parent/carer with parental responsibility: |  |
| Email of parent/carer: |  |
| Phone numbers: |  |
| Contact details for parent/carer:(two methods please) |  |
| GP name, address and Telephone number: |  |
| Is the young person in education, employment or training? If so - please give details: |  |
| **About the referrer** |  |
| Name: |  |
| Organisation and/or role in relationship with the young person: |  |
| Address: |  |
| Email: |  |
| Phone numbers: |  |
| **About the referral** |  |
| Has this referral been made with the young person? | Yes [ ] No [ ]Notes (if needed):  |
| Reasons for referral:(please continue on separate sheet as needed) |  |
| What would the young person like to get out of SisterWood sessions? |  |
| Does the young person have any specific mental health difficulties, learning disabilities or conditions? Please give details: |  |
| Does the young person have a formal diagnosis? Please give details: |  |
| Please give details of any medication the young person is taking or carries with them related to any medical condition: |  |
| Does the young person have a history of support from CAMHS? Please give details and someone we can contact to discuss: |  |
| Has the young person had any previous experience of therapy or counselling? Please give details: |  |
| Does the young person have any communication or accessibility needs? Please give details: |  |
| Does the young person have any special interests, skills or aspirations you would like us to be aware of? Please give details: |  |
| **Location** |  |
| Which district does the young person live in? Select from the following: | Teignbridge [ ]Exeter [ ]East Devon [ ] |
| Is this within a 30-minute commuting distance to Deer Leap Farm, Higher Ashton, EX6 7QS? | Yes [ ] No [ ]Notes (if needed): |
| Note: **Any young person who has an assigned social worker is entitled to fully funded transport to educational wellbeing providers.** **Parents/carers with support from a social worker should get in touch with them to arrange this in advance.** **Please tick this box if this applies so that we can help make arrangements accordingly [ ]** |
| Anything else you would like us to be aware of? Please give details: |  |
| **Finances** |  |
| Does the young person have access to funding through social services/Early Help/Adoption Support Fund/DLA/school/pupil premium/local provider/privately paying/other? Please give details: |  |
| Please indicate the total family income band (if you would like to be considered for grant and donation funded sessions). | Under £15,000 pa [ ] Between £15,000-£25,000 pa [ ]Between £25,000-£35,000 pa [ ] Between £35,000-£45,000 pa [ ] Over £45,000 pa [ ](Income to include any benefits)  |
| **Transport** |  |
| Please tell us whether the young person needs transport getting to and from the sessions | Yes [ ] No [ ] |
| Please add other information that we need to know regarding transport |  |
| **Consent** |  |
| Does the young person give consent to this referral? | Yes [ ] No [ ] |
| Does the parent/carer with parental responsibility give consent? (for all young people under 18) | Yes [ ] No [ ] |
| Does the young person give consent for us to contact their GP/parent/other services as necessary? | Yes [ ] No [ ]Notes (if needed):  |
| Please list 1 or 2 preferred contacts the young person is happy for us to contact following sessions should we need to. | Name:Relationship:Contact telephone numbers:Name:Relationship:Contact telephone numbers: |

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| **Date completed:** |  |
| **Name of person completing:** |  |
| **Who completed with:** |  |
| **Name of young person:** |  |
| **Risk Assessment** |  |
| **Self-harm:** |  |
| Is the young person currently self-harming (hair pulling, cutting, scratching, forcing self to vomit or any other harmful behaviour to self)? | Yes [ ] No [ ]Notes:  |
| Does the young person have a history of self-harming? | Yes [ ] No [ ]Notes:  |
| **Self-neglect:** |  |
| Does the young person have current difficulties with self-neglect (not carrying out basic needs that support a healthy balanced lifestyle – not eating regular meals, not brushing teeth, not cleaning self and/or personal space etc)? | Yes [ ] No [ ]Notes:  |
| Does the young person have a known history of self-neglect? | Yes [ ] No [ ]Notes:  |
| **Abuse and exploitation:** |  |
| Is the young person currently experiencing abuse or exploitation? (e.g. abuse, sexual assault, bullying) | Yes [ ] No [ ]Notes:  |
| Does the young person have a history of abuse or exploitation? | Yes [ ] No [ ]Notes:  |
| **Suicide:** |  |
| Does the young person have current suicidal thoughts? | Yes [ ] No [ ]Notes:  |
| Does the young person have a history of any suicidal thoughts, plans or attempts? (Please give dates and details of any attempts) | Yes [ ] No [ ]Notes:  |
| **Risk to others:** |  |
| Does the young person have a history of being a risk to others? (e.g. aggressive behaviours, arson, fighting) | Yes [ ] No [ ]Notes:  |
| Does the young person have any communication or accessibility needs? Please give details: | Yes [ ] No [ ]Notes:  |
| What things can trigger the young person into becoming angry, upset, violent etc (e.g. mentions of particular people/events or anything else?) |  |
| Is there any activities or practices that the young person uses currently to support them through periods of difficulty?  |  |
| **Other risk factors:** |  |
| Does the young person have a history of drug or alcohol abuse? | Yes [ ] No [ ]Notes:  |
| Note: **Any attendee observed to be under the influence of any substance – alcohol, marijuana,** **legal highs or any other mind-altering substance - during our programme will be sent home and will not be allowed back. Their key worker and parents/carer will be informed.** |
| Does the young person have a history of homelessness? | Yes [ ] No [ ]Notes:  |
| Does the young person have a history of breakdown with significant attachment figure?(e.g. history of adoption, unhealthy relationship with mother/father/caregiver) | Yes [ ] No [ ]Notes:  |
| Does the young person have a history of absconding from school or other educational setting, or running away from home? | Yes [ ] No [ ]Notes: |
| **Other risk factors not identified above:** | Notes: |

Thank you for completing these forms. Please note you may be asked to

complete an additional consent form once an offer of sessions is made.

Signed by referrer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by young person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if possible)

We prefer this form to be emailed to us, please send to fran@sisterwood.org

If emailing is not possible, please print and post to SisterWood, Deer Leap Farm, Higher Ashton, EX6 7QS marking the envelope ‘private and confidential’.

**\*IMPORTANT\***

Please password protect this referral form and any accompanying documents wherever possible.

Instructions for how to do this on Word-

1. Open the **Word** **document**
2. Click on **File**
3. Click on Info
4. On the right side, click the **Protect document** menu
5. Select the Encrypt with **Password** option
6. Type a **password** to **protect** the **document**
7. Click the OK button
8. Retype the **password**