

# Referral Form for YP therapy

## Information if referring to SV2

Criteria:

SV2 can work with young people aged 14-17 and they will be offered 10 sessions of therapy.

Consent for the referral to us must have been received from the young person or from the parent/carer.

Child must be safe from and harm and not be in contact with perpetrator

Client must be living in Derbyshire/Derby City.

Once completed please send to: SV2 Millfield House, Hall Street, Alfreton, Derbyshire, **DE55 7BU**

SV2 will send a letter to the client to confirm the referral has been received.

### 1. Referral Details

Date of Referral:		Date of Disclosure:	
Details of Referrer:	Name:		
	Role:		
	Postal Address:		
	Contact Number:		
	Email Address:		

### 2. Details Child/Young Person to be referred

Name:	
Date of Birth:	
Address:	
	OK to write? Yes / No
Gender:	Male Female Trans/non-binary

Ethnicity:	
Language spoken at home:	
Any disability:	
Legal Status:	
Religion:	
Address:	
<u>Mobile</u> Number	
	OK to text: Yes / No OK to leave voicemail: Yes / No
<u>Home</u> Number	
	OK to leave voicemail: Yes / No
Number and age of Siblings:	

### 3. Police Investigation / legal proceedings

Details of any pending legal proceedings:	
Crime Reference Number:	
Key Contact /OIC	

Video Recorded Interview completed: Yes/No	Date of Video Recorded Interview:
--	-----------------------------------

Forensic medical completed? If yes, date.	
---	--

### 4. Details of GP and Education

GP and GP practice:		Tel:
Education: School/College:		Tel:
Key Contact:		

### 5. Details of Child/Young Person's Parent/Carer/Key Person

Name:	
Relationship to Child/Young Person:	
Parental responsibility:	Yes/No
Address:	
	OK to write: Yes / No
Contact Number:	
	OK to text: Yes / No    OK to leave voicemail: Yes / No

### 6. Consent

Parent/ Carer/Key Person Consented to Referral:	Yes/No
Child/Young Person Consented to Referral:	Yes/No

### 7. Case Details

Date & location of Offence:		
Summary of Abuse:		
Age at time of abuse		
Nature of Abuse:	Contact Penetrative Sexual:	Yes/No
	Contact Maybe Penetrative Sexual	Yes/No
	Contact Non-Penetrative Sexual	Yes/No
	Non-Contact Sexual	Yes/No
	Physical	Yes/No
	Unknown	Yes/No
Perpetrator Details:		
Relationship of Perpetrator to the Child/Young Person:		

Key Case Notes/Comments: (work already completed, any assessments completed,		
---	--	--

### 8. Safeguarding

Safeguarding concerns and risks identified: (please attach any relevant documentation)	
Has a safeguarding referral been made:	Yes/No
Social Worker's Contact Details:	
Any known risk to staff:	

### 9. Details of Other Organisations, Agencies and Professionals Involved e.g. Paediatrician; CHISVA; CAMHS

Organisation/Agency/Service:	
Key Person:	
Key Person's Contact Details:	
Nature of Involvement:	

Organisation/Agency/Service:	
Key Person:	
Key Person's Contact Details:	
Nature of Involvement:	

Organisation/Agency/Service:	
Key Person:	
Key Person's Contact Details:	

Nature of Involvement:	
------------------------	--

**10. Any Other Useful Information:**

Any other useful information not covered in the above sections:	
---	--

I Consent to SV2 Contacting the agencies mentioned above