|  |  |
| --- | --- |
| Membership Number | Click or tap here to enter text. |
| TYS ID | Click or tap here to enter text. |
| Waiting List Date | Click or tap to enter a date. |
| Caseload Number and Date of Allocation | Click or tap to enter a date.  Click or tap here to enter text. |

**Office use only:**

**BLGC Bereavement Service Referral Form**

**Please note our Bereavement Service is open to 8-17 years who need 1:1 support. Please note we do not work with young people who are currently receiving a service from CAMHS or another counsellor. Ideally the referrals need to be completed with the young person you are referring.**

Have you discussed the referral with the young person(yp), and have they consented to the support and understand what the service is? Choose an item.

Does the Parent/Legal Guardian/young person (if over 13 years old) consent to this referral being made? Choose an item.

|  |  |
| --- | --- |
| **Name of person making the referral** | Click or tap here to enter text. |
| **Agency** | Click or tap here to enter text. |
| **Role of the person making the referral** | Click or tap here to enter text. |
| **Telephone numbers** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Young Persons Information**

|  |  |
| --- | --- |
| **First Name** | Click or tap here to enter text. |
| **Surname** | Click or tap here to enter text. |
| **Date of birth** | Click or tap to enter a date. |
| **Age** | Click or tap here to enter text. |
| **Gender** | Female Click or tap here to enter text. |
| **Phone number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |

**Home / Placement Address:**

|  |  |
| --- | --- |
| What type of placement is this? | Choose an item. |
| House name/number and street | Click or tap here to enter text. |
| District/Area | Click or tap here to enter text. |
| Town/City | Click or tap here to enter text. |
| Post code | Click or tap here to enter text. |

**Ethnicity:**Choose an item. **Religion:**Not Answered

**Does the young person have any disabilities?** No

**If yes, please details any disabilities you are aware that this young person has:**

Click or tap here to enter text.

**Please tick all that apply to this YP:**

EHCP  Special Education Needs

**Is the young person a carer for other family members?** No

**Is the young person a Refugee or Asylum Seeker?** No

**If yes, please give country of origin:** Click or tap here to enter text.

**If yes, please give 1st language spoken:**Click or tap here to enter text.

**If yes is the yp an unaccompanied minor?** Choose an item.

**School/College/Details:**

|  |  |
| --- | --- |
| Are you a TAS School? | Choose an item. |
| If yes, has this young person been discussed at consultation? | Choose an item. |
| Name of School/College/Employment | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Name Main Contact | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Parent / carer information:**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Relationship to YP | Choose an item. If other type here:Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Emergency Contact Details:**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Relationship to YP | Choose an item. If other type here:Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |

**Supporting Information for Referral – please complete with the Young Person**

|  |  |
| --- | --- |
| **As the referrer, please tell us why this young person would like support?** It might be helpful to think about what has been going on for this young person and for how long and in what way has this been affecting them?  Click or tap here to enter text. | |
| **Voice of the child – please make every effort to give some detail in this section.**  **What is the young person saying to you or others about their situation and the concerns which have been expressed?**  Click or tap here to enter text.  **Have they indicated what they might find helpful? If yes please expand.**  Click or tap here to enter text. | |
| **Managing Difficult Feelings**  **Please tell us about your experiences of the following.** *(If Yes is the answer for any of the questions below the worker will ask you for more information so that we can offer you the right support.)*  Click or tap here to enter text.  **We need to make sure everybody is safe. Do you think there is anything that we need to know about you which might put others at risk?** No  **If yes, please give details:** No | |
| **Do you self-harm?** | No |
| **Do you have suicidal thoughts?** | Choose an item. |
| **Have you had thoughts of suicide in the past 2-3 weeks that you have wanted to act upon?** | No |
| **Have you previously attempted suicide?**  (If yes please give details including when this was) | No  Click or tap here to enter text. |
| **Are there any other issues about your mental health you would like us to know at this stage: e.g., physical health difficulties; medication prescribed by a doctor/psychiatrist; other crisis or risk issues, a formal diagnosis from a psychiatrist?**  Click or tap here to enter text. | |
| **Safeguarding arena ( please tick where appropriate):**  No Status  Early Help  Child Action  Child in Need  PLO  Child Looked After | |
| Are you getting any support from any other professionals?  (this might include a social worker; psychiatrist; psychologist, etc)  Name: Click or tap here to enter text.  Role: Click or tap here to enter text.  Frequency of contact with young person: Click or tap here to enter text.  Name:  Role: Click or tap here to enter text.  Frequency of contact with young person: Click or tap here to enter text.  Name: Click or tap here to enter text.  Role: Click or tap here to enter text.  Frequency of contact with young person: Click or tap here to enter text.  Please add more if needed. | |
| **Please let us know of any particular needs we need to be aware of when we contact you or offer you an appointment.** (e.g. particular communication support methods used like Braille, sign language, hearing aid, speech to text device or physical access, health needs such as asthma and need to have inhaler , information in a specific format, etc).  Click or tap here to enter text. | |

**Consent & Storing data**

|  |  |
| --- | --- |
| **The below details must be completed by the person with parental responsibility.** | |
| Personal and Sensitive Data  By referring this young person, you confirm, and can demonstrate on request, that you have gained explicit consent to provide Bolton Lads & Girls Club (BLGC) with certain personal and sensitive information, which we will process in accordance with all applicable data protection laws to provide them or you with services and carry out administration in relation to the referral:   * Communicate with you, the young person, and/or the parent/guardian about the referral * Provide information about the referral to Bolton Lads & Girls Club (registered charity number 1051292), our suppliers, funders, and/or sponsors, as required for the purposes of the development, co-ordination and support of Bolton Lads & Girls Club   Where there is a need to protect or support a young person, we may also share personal information with relevant agencies as required by law. For further information about how we process personal information, and your rights, please read our Privacy Policy. This can be obtained from any of our sites or online @ <https://boltonladsandgirlsclub.co.uk/privacy-policy/>. | |
| I consent to the above young person meeting regularly with their Mental Health & Wellbeing Practitioner on a one-to-one basis taking part in a variety of sessions. | Choose an item. |
| In the event of a medical emergency, I authorise the Mental Health & Wellbeing Practitioner to consent to necessary treatment. They will endeavour to contact you as soon as possible using the contact telephone numbers provided. | Choose an item. |
| I would like to receive further information about opportunities to support Bolton Lads & Girls Club by e-mail, phone, SMS, post, or other means. You can change your mind at any time by contacting us. | Choose an item. |
| **Name of person giving consent:** Click or tap here to enter text. **Date:**Click or tap to enter a date.  **How was consent given:**Verbal Parent/Carer  **Signature of Parent/Carer/ (if not verbal):**Click or tap here to enter text. | |

**What happens next?**

*Email to* [*Bereavement@blgc.co.uk*](mailto:Bereavement@blgc.co.uk) *and one of our team will be in contact with you to discuss the referral.*

***Please note: Young People have access to this form.***