**Child / Young Person Information**

|  |  |
| --- | --- |
| Name of child / young person |  |
| Date of birth of child/ young person |  |
| Does the child/young person have any Special Educational Needs or Disabilities? |  |
| Does the child/young person work with any other agencies? |  |
| Full name of parent(s)/ carer(s) |  |
| Address and postcode |  |
| Contact number (please indicate if we can leave a message) |  |
| [ ]  Yes [ ]  No |
| Email address (please indicate if we can email) |  |
| [ ]  Yes [ ]  No |
| GP Address |  |
| School |  |
| How long has the child/ young person’s family lived in the UK? |  |

**Cause for Referral**

|  |  |  |
| --- | --- | --- |
| Please indicate concerns and needs by adding an X in any of the following  | [ ]  Low mood  | [ ]  Anxiety  |
| [ ]  Stress and coping issues | [ ]  Family/friendship issues  |
| [ ]  Issues relating to change or transition | [ ]  Behavioural problems (mild to moderate) |
| [ ]  Other – please summarise below:  |
| Please describe the child/ young person's presentation. E.g., what does their behaviour look like? |  |

**Cause for Referral continued**

|  |  |
| --- | --- |
| How does this impact on their daily functioning? |  |
| What areas of the child / young person’s life do the concerns present? (E.g., school, home.) |  |
| How long has the issue been present? |  |
| Please provide details of any current medication |  |
| Name and contact details of referrer |  |

**Consent**

|  |  |
| --- | --- |
| Please add an X in the box to confirm consent  |  |
| Action for Children is part of a community triage process with other services across Derbyshire and Derby city to ensure children and families receive the most appropriate support from the right service. These other services are from Health, Social Care, Education and the Voluntary Sector. Please tick to confirm your consent for us to share the information contained within this referral form with these agencies or leave blank if you do not consent to this. |[ ]
| Please tick to confirm you consent to a referral to Action for Children and understand what the service will mean to you/the child/young person or leave blank if you do not consent to this. |[ ]

**Accessibility and Equal Opportunities**

|  |  |
| --- | --- |
| Are you happy to communicate in English? |  |
| Do you require a translator? |  |
| Do you have any other accessibility needs you want to inform us of? |  |

We are keen to know more about the diversity of the children and young people that we are working with to ensure that our service is successfully reaching all parts of society.

The information given will only be used for the purposes for which it is given in accordance with our privacy policy.

|  |
| --- |
| **Ethnicity** |
| **Asian or Asian British**[ ]  Indian[ ]  Pakistani:[ ]  Bangladeshi:[ ]  Chinese:[ ]  Other Asian Background: | **Black or Black British**[ ]  Caribbean:[ ]  African:[ ]  Other Black Background: | **Mixed**[ ]  White & Black Caribbean:[ ]  White & Black African:[ ]  White & Asian:[ ]  Other Mixed Background: |
| **White**[ ]  White British:[ ]  White Irish:[ ]  Other White Background: | **Other**[ ]  Arab:[ ]  Gypsy/Romani/Irish Traveller:[ ]  Other: | [ ]  Prefer not to say: |
| **Gender** |
| [ ]  Female | [ ]  Male | [ ]  Trans identity |
| [ ]  Non-binary | [ ]  Prefer not to say |  |
| If you use another term to describe your gender, provide this here: |
| **Sexuality** |
| [ ]  Bisexual | [ ]  Gay or Lesbian | [ ]  Heterosexual or Straight |
| [ ]  Prefer not to say |  |       |
| If you use another term to describe your sexuality, provide this here: |
| **Religion and Belief** |
| [ ]  Buddhist | [ ]  Christian | [ ]  Hindu |
| [ ]  Jewish | [ ]  Muslim | [ ]  Sikh |
| [ ]  None | [ ]  Other | [ ]  Prefer not to say |
| If you use another term to describe this, provide this here: |