**SAFE Referral Form**

**Please complete all sections of this form in full and return to** [**safe@kibble.org**](mailto:safe@kibble.org)**.**

**If you have any questions please do not hesitate to contact us.**

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| YOUNG PERSON DETAILS | |
| Name |  |
| D.O.B. |  |
| Postcode |  |
| Gender |  |
| Ethnicity |  |
| Local Authority Area |  |

|  |  |
| --- | --- |
| REFERRER DETAILS | |
| Name |  |
| Designation |  |
| Address |  |
| Email |  |
| Telephone |  |

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| REASON FOR REFERRAL |
| Please briefly state the reason for the referral including:   * how the young person has been impacted by crime (as a victim or a witness) * a summary of the presenting problems; what, where, who with |

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| **RELEVANT BACKGROUND** |
| **FAMILY CIRCUMSTANCES**  *Including:* who is the family around the child, description of parenting strengths and difficulties, description of family functioning past and present e.g. health, mental illness, substance misuse, occupation and any care disruptions/residential placements. |
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| **EDUCATION**  *Including*: current education placement, disruptions to education, functioning in school. |
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| **MENTAL AND PHYSICAL HEALTH**  *Including*: any diagnoses (mental/physical health, learning difficulties), any ongoing assessments. |
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| **SUBSTANCE AND ALCOHOL USE**  *Including:* current and past substance and alcohol use. |
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| **CRIMINAL HISTORY**  *Including:* previous convictions, ongoing criminal investigations. |
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| **OTHER RELEVANT INFORMATION**  *Including*: personal or family involvement in ongoing criminal proceedings, child protection concerns, children’s hearing system involvement, safety concerns, any other information. |
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| **HOPES AND EXPECTATIONS** |
| What do you hope the SAFE project can do for the young person/family/professionals supporting them? |

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| PREVIOUS SUPPORTS |
| What supports have the young person/their family been offered? How effective were these? |
| CURRENT SUPPORTS |
| What supports do the young person/their family still have? What are the aims of these supports? |

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| --- | --- |
| Are the young person/family aware of this referral? |  |
| What are their hopes/expectations/worries? |  |

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| ANY OTHER INFORMATION |
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By submitting this form, you agree that:

* You are authorised to share this information with the SAFE Project within the Kibble Group.
* You have discussed this with the young person and/or family concerned where possible.

Please see our [Privacy Policy](https://www.kibble.org/privacy-policy/) for information about how we will handle this information.

The SAFE Project recommends that you submit this form via encrypted email to [safe@kibble.org](mailto:safe@kibble.org) or by Recorded Delivery post if submitting it via hard copy, or in line with your organisational policy.

The postal address is:

SAFE Project

Kibble

Goudie Street

Paisley

PA3 2LG

**Following receipt of your referral we will make contact with you to either get further information, if required, and/or arrange a consultation in the first instance.**