Professional Young Person request form (13+)

Please complete this form as fully as you can. Once finished, please send it to[**referrals@glosrasac.org.uk**](mailto:referrals@glosrasac.org.uk) via egress.

We will then be in touch to confirm receipt of your referral and arrange an initial assessment with the YP or parent/carer to better understand YP’s needs and help navigate them to the most appropriate support pathway.

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| Date |  | Is the YP already known to GRASAC | Yes  No  Not Known |
| Before making this referral, you should speak with the person being referred to explain its purpose and gain their consent to share their information with Gloucestershire Rape and Sexual Abuse Centre (GRASAC). Ensure that the young person can give informed consent themselves, and, where possible, obtain consent from their parent or carer. Consent must be obtained before sharing any information with GRASAC.  **I confirm that I have sought the consent of the YP being referred for their information to be shared as described above.**  **Yes**  **No** | | | |
| **Has the GRASAC confidentiality statement below been explained to the YP?** | | | Yes  No |
| **GRASAC confidentiality statement:**  The information shared with GRASAC is confidential and will only be shared within the organisation where relevant.  *We will only break confidentiality if: -*   * *The client requests us to.* * *If you’ve given us identifying information and we are concerned for the client’s safety.* * *If the client is a child at risk, or they are giving us identifying information about a child at risk.* | | | |

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| **REFERRER DETAILS** | | |
| Referrer name, organisation & role |  | |
| Referrer contact number |  | |
| Referrer email address |  | |
| Would you like to be informed of any outcomes of support? | | Yes  No |

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| **YOUNG PERSON’S DETAILS** | | | |
| Full Name: |  | | |
| Date of Birth: |  | Preferred Pronouns: |  |
| Gender identity: |  | Sex assigned at birth: |  |
| Ethnicity: |  |
| Contact number: |  | Safe to call? | Yes  No |
| Safe to leave voicemail? | Yes  No |
| Safe to text? | Yes  No |
| Email address: |  | Safe to email? | Yes  No |
| Address:  *(must live in Gloucestershire)* |  | Safe to post: | Yes  No |
| Preferred method of contact: | Phone  Email  Text |
| Name of school/college: |  | | |
| Name of social worker/other key workers involved and contact details: |  | | |

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| **SAFE PARENT/CARER DETAILS** | | | |
| Is Parent/ Carer aware of this referral? | Yes  No | *If* ***NO****, please detail why:* |  |
| Parent/ Carer Names |  | | |
| Contact number |  | Safe to call? | Yes  No |
| Safe to text? | Yes  No |
| Email address |  | Safe to email? | Yes  No |
| Safe to leave voicemail? | Yes  No |
| Postal address |  | Safe to post | Yes  No |

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| **REASON FOR REFERRAL** | | | | | | |
| Suspect  (If known) |  | Gender | |  | Relationship to YP |  |
| Main factual information: | | | | | | |
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| When did the abuse stop? *(month & year)* | | |  | | | |
| When did the YP tell someone about the abuse? *(month & year)* | | |  | | | |

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| **IMPORTANT SAFEGUARDING**  *\*Please note that safeguarding has to be completed prior to requesting support.*  *Under the Sexual Offences Act 2003, it is a criminal offence in England and Wales to engage in sexual activity with anyone under the age of 16 (including acts covered by Section 9), regardless of whether consent is given. As such activity is illegal, GRASAC’s safeguarding policy requires that it be reported to the police before any support can begin.\** | | | | |
| Has this been reported to the police? | Yes  No | Date actioned and further details: | |  |
| Has a Multi-Agency Referral Form (MARF) been completed for the YP/family? | Yes  No | Date actioned and further details: | |  |
| Child protection status: | Child Protection  Child in Need  Single Assessment  Historic  Other intervention | | | |
| Is there or has there been a police investigation? | Current  Historic | | Stage/Outcome: |  |
| Please provide details of any next steps planned regarding safeguarding: |  | | | |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Does the YP have any health conditions, disabilities or access needs?** | | | |  |  | | Neurodivergence *(e.g. Autism/ ADHD)* | Yes  No  Unsure | Details: |  |  |  | | Physical disability | Yes  No  Unsure | Details: |  |  |  | | Specific learning need *(SpLD) (e.g. dyslexia, dyspraxia)* | Yes  No  Unsure | Details: |  |  |  | | Mental Health condition *(e.g. depression/anxiety)* | Yes  No  Unsure | Details: |  |  |  | | Long term health condition | Yes  No  Unsure | Details: |  |  |  | | Sensory impairment *(e.g. hearing/ sight)* | Yes  No  Unsure | Details: |  |  |  | | Other | Yes  No  Unsure | Details: |  |  |  | | **Please provide details of any adjustments, access or support needs below:**  *e.g. any accessibility needs which means a phone call would not be suitable, please let us know.* | | | |  |  | |  | | | |  |  | |

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| **PLEASE IDENTIFY BELOW WHO IS BEST TO CONTACT TO COMPLETE THE INITIAL ASSESSMENT:** |
| Young person/client  Parent/carer  Professional/other |

Thank you for completing this form. Please send to **referrals@glosrasac.org.uk** via egress. We will then be in touch with the Young Person to arrange an Initial assessment.