**FIGHT CONNECT Project Referral Form**

**May 2024 Intake**

Please complete and return your referral by email as a password protected MS Word document (or scan and complete as password protected PDF) with the password **IYC2022** and send to: [info@inyourcorner.uk](mailto:info@inyourcorner.uk)

If you have any difficulties submitting the referral via this route please phone: **07759 156143**

**PLEASE PROVIDE AS MUCH INFORMATION AS YOU CAN ABOUT THE YOUNG PERSON**

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| **REFERRER DETAILS** | |
| **Name of Referrer:** |  |
| **Role & relationship to Young Person:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |

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| **YOUNG PERSON’S DETAILS** | |
| **Is the young person (YP) aware of the referral?** | **YES / NO** |
| **Is the parent / carer aware of the referral?** | **YES / NO** |
| **First Names:** |  |
| **Last Name:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Current Address:**  **Post Code:** |  |
| **London Borough:** |  |
| **Name of parent / current carer:** |  |
| **Relationship to YP:** |  |
| **Parent / Carer phone:** |  |
| **Email:** |  |
| **Who holds parental responsibility?** |  |
| **Best direct contact for the young person (e.g. mobile):** |  |
| **Permission to contact YP:** | **YES / NO** |

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| REFERRAL INFORMATION |
| What difficulties is the young person presenting with?  Please include details of any: Emotional difficulties, behavioural difficulties, learning difficulties/disability, communication difficulties or neurodevelopmental difficulties. |
| What do you hope they will gain from attending the group? |
| What is the young person’s view on attending the group? |
| What is the involvement of the referring service?  Will this work continue during the group? |

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| **OTHER AGENCIES** | |
| **GP name:** |  |
| **GP Practice & contact details:** |  |
| **School/Educational Placement:** |  |
| **Name of contact person:** |  |
| **Permission to contact:** | **YES / NO** |
| **Current social care:** | Child in Need / Child Protection / Child Looked After / None |
| **Name of Social Worker (SW):** |  |
| **Team & Borough of SW:** |  |
| **Contact details of SW:** |  |
| **Permission to contact:** | **YES / NO** |
| **Any other agencies involved (please state)** |  |

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| **RISK SCREEN**  **Please complete the following checklist of historical and current risks that the young person may present with:** | | |
| Self harm | Y/N Current / historical | |
| Suicidal ideation or suicidality | Y/N Current / historical | |
| Aggression or violence to others | Y/N Current / historical | |
| Aggression or bullying from others | Y/N Current / historical | |
| Gang affiliated / At risk of gang involvement | Y/N Current / historical | |
| Sexual Exploitation | Y/N Current / historical | |
| Substance misuse | Y/N Current / historical | |
| Absconding from home / placement | Y/N Current / historical | |
| Any other safeguarding risk (e.g. neglect, abuse) | Y/N Current / historical | |
| Risk via family or others living in the home / placement | Y/N Current / historical | |
| Specific locations associated with risk | Y/N Current / historical | |
| **If yes to any of the above factors, or any other additional risk is present, please give further details including any current formulation of risk, identified triggers, and any risk management plans currently in place:** | | |
| **Does this young person have any illnesses, health issues, allergies, disabilities, or injuries that may impact on their ability to take part in non-contact boxing sessions:** | | |
| **Is there anything else you would like us to know?** | | |
| **Date referral completed & sent:** | |  |
| **Referrer signature:** | |  |