*[Please leave these lines*

**YPVA - Referral and Initial Risk Assessment**

|  |  |
| --- | --- |
| Type of referral |  |
| Who is the referrer |  |
| Which agency? |  |
| AddressTelephone NumberEmail |  |
| Date of referral |  |

|  |  |
| --- | --- |
| Forename |  |
| Surname |  |
| Gender |  |
| Date of Birth |  |
| Ethnic Origin |  |
| Preferred communication | BSL/SSE/Oral |
| Additional Disability  |  |
| Address |  |
| Postcode |  |
| Mobile Number |  | Safe to contact - Yes/No |
| Email |  | Safe to contact – Yes/No |
| Is the young person aware of the referral? | Yes/No | *If no, the young person must be informed of the referral and choose to be engaged.*  |

|  |  |
| --- | --- |
| Name of parent/carer |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |
| Are parents deaf or hearing? |  |
| Parents’ consent to the referral? | Yes/No | *If no, please explain why.*  |

**Reason for referral**

|  |
| --- |
| **Reason for referral** – recent issues/experiences that need to be referred? |
|  |
| **Support from us** - what does the young person hope to gain from the service? |
|  |
| **Is the young person in full time education?** Which school or college?  |
|  |
| Anything we need to be aware of?  |
|  |
| What is the young person’s view of their own safety? |
|  |
| Is the young person showing any sign of/or have experienced? |  | Currently | Previously |
| Violence / aggressive behaviour |  |  |
| Self-harming / suicidal thoughts |  |  |
| Alcohol / drugs abuse  |  |  |
| Any agencies are involved? Please give details.  |  |

**Please give information on the perpetrator:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Date of Birth |  |
| Deaf/Hearing |  |
| Relationship tothe young person |  |
| Is the young person living with the perpetrator? |  |
| Is the young person having contact with the perpetrator? If yes, how this is managed? |  |
| Are there any safety measures in place? |  |
| Is the young person known to Children’s Services? | *If yes, is the young person subject to a Child Protection Plan or Child In Need* |
| Do the referrer assess that the young person may pose a risk to YPVA? | *If yes, please advise of any safety steps for our YPVAs.*  |

Please email it securely to da@signhealth.org.uk*– this text will not print,*