

Request for Support
 North East Essex (Colchester and Tendring)

Section 1 - Referrer details

Name of person completing this form	
Organisation (if applicable)	
If self-referring who told you about us	
Contact Telephone	
Contact Email	
Best time to contact	
Alternative contact	

Section – 2 - Person being referred

The main family contact needs to sign consent beside the person being referred, unless they are 13 or over in which case they can sign themselves (see section 4.)

First Name of person being referred	Surname	Age	Date of Birth	School/education or workplace	Consent (if over 13)
Name of main family contact					
Relationship to person being referred					
Signature of main family contact					
Contact telephone numbers					
Young person contact (only if over 13)					
Family address:					
Postcode:					
Email address:					
Others family members					
First Name	Surname	Age	Relationship or Role		

Are there any disability of learning needs to be considered for the person being referred			
Are there any heritage, cultural or religious needs (include language) to be considered for the person being referred			

Section - 3 - Reason for referral and request being made

Please indicate the issue(s) causing you or the person(s) being referred and some details about those concerns		
Risky behaviours		
Aggressive behaviours		
Challenging behaviours		
Relationship breakdowns		
Conflict within the family		
Emotional distress		
Social isolation		
Other		
Select just one	Tick	Desired Outcome(s)
Counselling Col:01206 710771 Clac:01255 434601 info@colchesteryes.org.uk www.yesyouthenquiry.org		
Homelessness Prevention Colchester only : 01206 710771 info@colchesteryes.org.uk www.yesyouthenquiry.org		
Teenage Pregnancy and Young Parent support work Col:01206 710771 Clac:01255 434601 info@colchesteryes.org.uk www.yesyouthenquiry.org		
Please tell us what has been done to address these issues leading up to this request		
Please tell us about other help that is in place now or has been in the past to address this issue		

Has any other help been requested for this issue (for example school, GP, health visitor, friend)

What is the family/individual hoping to achieve from the request

Concerns and/or risks: Are you aware of any concerns and/or risks that workers should know about before contacting the family/individual:

Section – 4 - Consent to access and share information

This section should be signed by a family member with parental responsibility or a person over the age of 13.

Please read/note carefully and then sign and date the form. If you have concerns please discuss them with the person working with you. You can note any limit/restrictions in the box if appropriate

- 1. I agree** that to the person making or taking the referral that they may check with other services and professionals for information about me/my/our child(ren) that helps make a decision about this referral and that I/we receive the right support.
- 2. I understand** that I have the right to restrict what information may be shared and with whom.
- 3. I understand** that I may withdraw my consent to share information at any time but that might result in a reduction of services being available.

Information I do not want to be shared:

Signed

Date