

Right There Youth Counselling Service

Referral Form

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| **Referrer name:** | **Job title and agency (if applicable):** |
| **Contact email**: | **Contact telephone:** | **Referral date:** |
| **Name of Young Person**: | **Name of parent(s)/carer(s) if under 16:** | **Gender:** |
| **School Attended:** | **DOB**: | **Age**: |
| **Home Address:****Postcode:**  | **Young person telephone:****Parent/carer telephone:** | **GP:****Social worker (if applicable):** |
| **Is the young person:** Subject to a supervision order [ ]  Involved with Children’s Reporter [ ]    Looked after and accommodated [ ]  A young carer [ ]   |
| ***Is the young person is a personal user of the following:***Alcohol [ ]  Drugs [ ] NPS/Legal Highs [ ]  Solvents [ ]  ***Has the young person been directly affected by:***Parental/carer alcohol misuse [ ]  Parental/carer drug misuse [ ]  ***Does the young person have any dependants?*** Yes [ ]  No [ ] **Please give further details, where possible:** |
| **Is the young person experiencing any of the following mental or emotional wellbeing issues:**Stress [ ]  Anxiety [ ]  Depression [ ]  Self-Harm [ ] Suicidal ideations [ ]  Anger [ ] Low confidence [ ]  Low self-esteem [ ] **Other (please specify):**  |
| **Please use this space to give more details about the referral where applicable:** |
| **Disability – do you consider the young person to have:**No disability or impairment [ ]  A sensory impairment [ ] A learning disability [ ]  A physical impairment [ ] A mental health condition [ ]  Any other disability or impairment [ ] Brief description of disability:  |
| **Ethnic Group (background or culture) - is the young person:**White Scottish [ ]  Other (South) Asian [ ] Other White British [ ]  Chinese [ ] White Irish [ ]  Caribbean [ ] Other White [ ]  African [ ] Indian [ ]  Black Scottish and other Black [ ] Pakistani [ ]  Mixed [ ] Bangladeshi [ ]  Other [ ]  |
| ConsentPlease ensure that the young person is fully aware of the content of this referral before signing the form below.Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you have any queries about the y-talk service or wish to discuss this referral, then please contact us on 07770 019147 or email y-talk@rightthere.org referrals can be sent by email to: y-talk@rightthere.org or posted to:y-talk, Right There, Orkney, Glaitness Farmhouse, Kirkwall, KW15 1TN  |