



## Referral Form

Referral Taken By

Date Referral Taken

### Referral Details

Referrers Name

Agency Address

Referrers Agency

Email Address

Contact Number

### Consent

Is the young person aware of the referral/consent to the referral?

Yes  No

Does the young person consent to the information on the referral being shared in the N-gage joint allocation meeting?

Yes  No

## Personal Details Of Young Person

**Name**

**D.O.B**

**Age**

**Gender**

Male  Female  Non-Binary  Other

Prefer not to say

**Pronoun**

**Address**

**First Language**

**Ethnicity**

**GP Details**

**Contact Number**

**Local Authority**

**Email**

## Further Information

What does the young person want from the service?

Family Support

Substance Use Support

Reason for the referral: (Substance use/Family Support information and any additional background information).  
Please provide details of substances, quantity and frequency.

## Further Information

How would the young person like the appointments to take place? i.e home, school, office, outreach venue etc

Are the Young Persons parents/carers aware of this referral?

Yes  No

Name and Contact of parent/guardian/next of kin

## Other Agencies Involved

Agency	Name	Address and Contact Number
Education		
Social Services		
CAMHS		
YOS / YJS		
Other		

## Physical / Mental Health

Does the young person have a:

- Medical condition
- Mental health concerns
- Medication

Please provide details

## Safeguarding Concerns

Has the young person previously been, or are they currently engaged in:

- Child Protection Plan
- Care and Support Plan
- CLA (Child Looked After)
- Other

If yes please give details:

Are there any risks to be aware of?  Yes  No

If yes please give details: (Please include any potential risk to staff if visiting the home.)

## Any additional relevant information

**Please send completed referral forms via email or via post to:**

Gwent N-gage, 114 Lower Dock Street, Newport, NP20 2AF or [GwentN-Gage@barod.cymru](mailto:GwentN-Gage@barod.cymru)

If you would like to talk about this referral with someone please contact the Single Point Of Contact number on: 03333202751