



Referral Form

CONFIDENTIAL

Can Be Completed By A Young Person for Self-Referral

Accessing Our Services

This information is for LGBT*Q+ young people wanting to access Outreach youth services or for a family member / professional, wanting to support a LGBT*Q+ young person, to access Outreach youth services.

Please read these guidelines carefully before completing the attached referral form.

Who can you self-refer or be referred?

Any young person aged 13 to 19 years, who identifies as LGBT*Q+, or is questioning their sexuality and/or gender identity.

Any young person aged under 13 years, who identifies as LGBT*Q+, or is questioning their sexuality and/or gender identity – but with parental consent.

Service availability

We currently have a focus on working with young people under 19 years – through our LGBT*Q+ youth group and One to One support

How to make a referral?

Please complete all the pages of our referral form and email to info@outreachyouth.org.uk or send to:

**Outreach youth
c/o 4YP Suffolk Young People's Health Project
14 Lower Brook Street
Ipswich IP4 1AP**

What happens when we receive the referral?

When we receive the referral, we will record the young person on our database and contact them either directly or via a family member / professional where indicated – to arrange an initial meeting with them.

We aim to arrange an initial meeting within **4 weeks** of receiving the referral.

Initial meetings will be arranged at either the drop-in premises, home, school or college and we encourage the young person to bring along a relative, professional or friend.

Confidentiality

We understand that confidentiality is important to some young people. The information that you share with us will be kept in the strictest confidence and in order to comply with data protection legislation we follow the principles of General Data Protection Regulations (GDPR). During your initial meeting, a youth worker will explain to you our Safeguarding policy and focus on keeping people safe from harm.

OY Referral Form Sept. 2018 V1.



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Your name					
Your preferred name					
What pronoun would you like us to use for you? <i>There is no obligation to answer, but it will help us address you as you wish to be addressed.</i>					
<input type="checkbox"/>	She / Her	<input type="checkbox"/>	He / Him	<input type="checkbox"/>	They /Them
<input type="checkbox"/>	Other		<input type="checkbox"/>	Prefer not to say	

Date of Birth		Age	
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Full Home Address	<hr/> <hr/> <hr/> <hr/>
Postcode	

Is it okay to write to you at this address? Yes. No

Your email address (please write clearly)
<hr/> <hr/>

Is it okay to email you? Yes. No

Mobile Telephone Number (please write clearly)
<hr/> <hr/>

Is it OK to phone you on this number? Yes. No
 Is it OK to leave a voicemail on this number? Yes. No
 Do we need to be discrete when calling this number? Yes. No



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About You

Please tell us what is going well for you

Please tell us what not going so well for you

If things were going well or even better – what would that be like for you?

Which of these do you feel you might need some support with?

- Coming Out
- School
- Bullying.
- Parents Not Accepting.
- Housing

- Mental Health
- Sexual Health
- Substance Issues
- Being Trans
- Being LGB+

- Internet
- Relationships
- Other



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Is there anyone else that is helping / supporting you?

Name	Family or Professional

Do you have any emotional or behavioural difficulties or history of behaviour that might pose a risk to yourself, other young people or youth workers? We ask this to ensure we can provide a safe space for you and other people.

Yes. No

If Yes please describe

Name of Parent / Carer

Parent / Carer contact number

Are you parents / carers aware of this referral?

Yes. No

Signed by Young Person

Date

For u 13's

Signed by Parent / Carer

Date

If relevant

Signed by Professional

Date



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