

**H**elping **Y**oung people **P**articipate in **A**ctivities

Please complete this form in full and send back to info@guildfordaction.org.uk

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| Name of young person: |  |
| Date of birth: |  |
| School/College: |  |

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| **Address:** |
| House/flat no: |  |
| Street Name: |  |
| Town: |  |
| City: |  |
| Postcode: |  |
| Tel no: |  |
| Email: |  |

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| **Parent/ Carer Details:** |
| Full Name: |  | D.O.B: | Relationship to child(ren): |
| Full Name:  |  | D.O.B: | Relationship to child(ren): |

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| Is the young person/family already open to The GAF? | Yes ( ) No ( ) |



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| **Lone Working:** |
| Is there a history of domestic abuse in the home? | YES ( )Please give details: | No ( ) |
| Are there animals?Please specify | YES ( )Please give details: | No ( ) |
| Is there a history of drug use or paraphernalia in the home? | YES ( )Please give details: | No ( ) |
| At what level do you consider the risk factor to be? | High ( ) Medium ( )Low ( ) | Further details of risk: |

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| **Other services Involved, please give names and contact details:** |
| CAMHS: | GP: | Health Visitor: | CMHRS: |
| Gfd Family Support Team: | Probation: | Catalyst/Iaccess: | Social Care: |
| Home School Worker: | Young Carers: | Youth Offending: | Other: |



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| **Is the Young Person/family subject to:** |
| Protection Plan: **Yes ( ) No ( )** | Partial/full closure: **Yes ( ) No ( )** |
| Child In Need Plan: **Yes ( ) No (** ) | Any injunctions: **Yes ( ) No ( )**  |
| TAF: **Yes ( ) No ( )** | ASBO/CBO: **Yes ( ) No ( )**   |
| Care Proceedings: **Yes ( ) No ( )** | License conditions: **Yes ( ) No ( )** |

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| Have the family/Young Person consented to this referral and information sharing? | Yes ( ) No ( ) |
| What is the best way to make initial contact? | Text ( ) Phone ( ) Letter ( ) |
| Would you like to attend the first visit with GAF? | Yes ( ) No ( ) |

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| Has the young person identified an activity? If yes, what is it? |  |

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| **Please tell us as much as possible about the family, why you are referring at this time and how the young person may benefit from HYPA?****Continued..** |

**With consent of the family/Young Person, please include any recent assessments that may help us to support them.**

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| **Referrer Details:** |
| Name: |  |
| Agency: | Statutory ( )Non statutory ( ) |
| Contact Details: | Email:Phone Number: |

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| **Signed:** |  |
| **Position:** |  |
| **Date:** |  |

**Email back to: info@guildfordaction.org.uk**