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| **Section 1 – Service User Details** |
| **Name:** |  |
| **Age:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Address:** |  |
| **Telephone Contact/Email:** |  |
| **Name of Child and School they attend:** |  |
| **Section 2 - Your Contact Details** |
| **Referring organisation:** |  |
| **Date of referral:** |  |
| **Name of person making the referral:** |  |
| **Contact details (tel/email):** |  |
| **Your availability to be contacted** |  |
| **Section 3 - Case Details** |
| **Any other Professionals/Services involved?** |
| **Details of interaction with young person/family prior to referral:** |
| **Reason for making referral/concerns identified:** |
| **Any particular work or discussion you would like Escapeline to carry out and what are the desired outcomes?** |
| **Any risks to worker identified? (Please include copy of risk assessment if relevant):** |

[ ]  **Tick this box to confirm you have received parental consent for this referral and email this form to enquiries@escapeline.org.uk**

**Please note that if information requested is not provided in full your referral may not be accepted. If vital information is missing we will try to contact you three times. After this a re-referral will be required.**