**Logo

Description automatically generatedA picture containing text

Description automatically generated**

**Logo

Description automatically generated**

**FlipSide Referral Form**

Please DO-NOT close the case before we have allocated the referral as there is no guarantee we will allocate the case- if your referral doesn’t meet our threshold/ has insufficient information we will contact you.

To be emailed to: **referrals@flipsideproject.org**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Information of Young Person Date of Referral:** | | | | | | |
| **Name(s)** |  | | | | | |
| **Preferred Name(s)** |  | | | | | |
| **Ethnicity and language spoken** |  | | | | | |
| **Gender** | Trans Non-Binary  Female  Male  Other | | **Sexuality if known** | |  | |
| **Disability or additional needs** |  | | | | | |
| **Address** |  | | | | | |
| **Contact Details**  **(i.e. telephone, e-mail etc, please state if this is the YPs mobile)** |  | | | | | |
| **School** |  | | | | | |
| **DOB of YP** |  | | | | | |
| **Age of YP** |  | | | | | |
| **Is YP aware of referral?**  **And has consent to share personal data been gained?** | By making this referral we assume that you have gained the YPs consent to share their personal data in accordance with Data Protection GDP regulations.  **Yes  No** | | | | | |
| **Name of Parent/Carer:**  (if applicable) | | | |  | | |
| **Relationship:** | | | |  | | |
| **Contact details:** | | | |  | | |
| **Is parent/ carer aware of referral and consent to share their personal data**  **(if applicable)** | | | | **Yes  No** | | |
| |  |  | | --- | --- | | **Reason for Referral**  **Please give relevant information.** |  | | **Any other agencies involved?** |  | | **Does this young person have any previous involvement with the criminal justice system?**  **If yes, please give details here.** |  | | | | | | | |
| **Referral Source** | **Agency** |  | | | | |
|  | **Contact Name** |  | | | | |
| **Contact Details**  **Inc email.** |  | | | | |
| **If you are not the social worker and social care is involved, please give details below:** | | | | | | |
| **Name** | | | | **Contact details (inc email.)** | | |
|  | | | | | |  | |
|  | | | | | | | |
| **Has a NRM (National Referral Mechanism) referral been made? Yes  No**  **If yes what was the outcome:** | | | | | | | |

**This box is for the young person who is being referred to use to tell us anything they would like to.**

**What support do you feel you need? What is happening for you? What are your interests?**