

**Sexual Health Targeted 1:1 Educational Support Referral Form**

This form is for professionals to refer young people aged 13-19 into our young people’s service. Please complete all fields and return this form via secure email to vcl.orbishyp@nhs.net.

**If you do not have an nhs.net or gov.uk email address, you MUST enter [SECURE] in the subject header of the email.**

If you would like to speak to a member of the team regarding your referral, please contact 01706 202 444. If we are unavailable to take your call, please leave a voicemail and we will get back to you.

**Please refer to our targeted 1:1 education referral guidance and pathway for professionals**

Patient details

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Last name |  |
| Gender |  | DOB  |  |
| Country of birth  |  | Ethnicity |  |
| Address  |  | School name/address |  |
| Young person’s contact number |  |  |
| Emergency contact name |  | Relationship to the young person |  |
| Emergency contact number  |  | Is the emergency contact aware of the referral |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do we have permission to contact the emergency contact? | Yes |  | No |  | Only in an emergency  |  |
| Do we have permission to write to the young person’s home address? | Yes |  | No |  | Only in an emergency |  |
| Do we have permission to contact the young person via the contact telephone number? | Yes |  | No |  | Only in an emergency |  |



Involvement from social care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the young person known to social care? | Yes |  | No |  |
| Is there an open case with social services? | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please provide more information |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the young person have a social worker?  | Yes |  | No |  |  |

|  |  |
| --- | --- |
| Name of the designated social worker |  |
| Contact Number (if known) |  |



Involvement from other agencies

**Please note: We are unable to accept referrals for any young people open to the CST team.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the young person involved with any other agencies? | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please provide more information |  |



Vulnerabilities

Does the young person display or discuss any of the following vulnerabilities? This may be current or historic. Please tick if appropriate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Coercion | Historic |  | Current |  |
| Grooming  | Perpetrator |  | Victim |  |
| Power imbalance in relationship | Historic  |  | Current  |  |
| Any type of violence or abuse  | Historic  |  | Current  |  |
| Self-harm | Historic  |  | Current |  |
| Being paid for sex | Yes |  | No |  |
| Paying for sex | Yes |  | No |  |
| Exploitation | Perpetrator  |  | Victim |  |
| LGBTQIA+ | Yes |  | No |  |

(*For education solely on gender/sexual orientation/transition please refer to the proud trust)*



High-risk groups

Do you consider the young person to be one or more of the high-risk groups?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drug and alcohol issues | Yes |  | No |  |
| Mental health | Yes |  | No |  |
| Learning difficulties or disabilities | Yes |  | No |  |
| Missing from home | Yes |  | No |  |
| Looked after child | Yes |  | No |  |
| Refugee/Asylum seeker/ Unaccompanied child/ Newly arrived in the UK | Yes |  | No |  |



Referral information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the young person have any significant issues? | Yes |  | No |  |
| Is the person subject to Deprivation of Liberty Safeguards (DoLS or Liberty Protection Safeguards (LPS)? | Yes |  | Yes |  |
| Does the young person have an increased supervision ratio ie 2:1 ratio? | Yes |  | No |  |

What are your specific concerns regarding the young person? *Your referral cannot be processed without completion of this question)*

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any known risk taking behaviours? | Yes |  | No |  |

If yes, please provide more information *below:*

|  |  |
| --- | --- |
|  |  |



Referrer information

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name |  | Organisation |  |
| Email address |  | Telephone number |  |
| Date of referral |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you discussed your concerns with the young person? | Yes |  | No |  |
| Have you discussed the referral with the young person? | Yes |  | No |  |
| Has the young person consented to the referral? | Yes |  | No |  |



What’s next?

Please return completed referral forms to*:* vcl.orbishyp@nhs.net

* Referrals will be assessed and responded to within 28 days.
* Referring agency are responsible for identifying a suitable private confidential room for the sessions to be delivered. Our education and wellbeing specialists can discuss this with you. If there are no suitable base for the sessions, the sessions can run from our hub clinics.
* Where young people are to be seen in a school setting, please consider this may interrupt their subject timetable.

