A picture containing logo

Description automatically generated

Right There Youth Counselling Service

Referral Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer name:** | **Job title and agency (if applicable):** | | |
| **Contact email**: | **Contact telephone:** | | **Referral date:** |
| **Name of Young Person**: | **Name of parent(s)/carer(s) if under 16:** | | **Gender:** |
| **School Attended:** | | **DOB**: | **Age**: |
| **Home Address:**  **Postcode:** | **Young person telephone:**  **Parent/carer telephone:** | | **GP:**  **Social worker (if applicable):** |
| **Is the young person:** Subject to a supervision order  Involved with Children’s Reporter    Looked after and accommodated  A young carer | | | |
| ***Is the young person is a personal user of the following:***  Alcohol  Drugs  NPS/Legal Highs  Solvents    ***Has the young person been directly affected by:***  Parental/carer alcohol misuse  Parental/carer drug misuse  ***Does the young person have any dependants?***  Yes  No  **Please give further details, where possible:** | | | |
| **Is the young person experiencing any of the following mental or emotional wellbeing issues:**  Stress  Anxiety  Depression  Self-Harm  Suicidal ideations  Anger  Low confidence  Low self-esteem  **Other (please specify):** | | | |
| **Please use this space to give more details about the referral where applicable:** | | | |
| **Disability – do you consider the young person to have:**  No disability or impairment  A sensory impairment  A learning disability  A physical impairment  A mental health condition  Any other disability or impairment  Brief description of disability: | | | |
| **Ethnic Group (background or culture) - is the young person:**  White Scottish  Other (South) Asian  Other White British  Chinese  White Irish  Caribbean  Other White  African  Indian  Black Scottish and other Black  Pakistani  Mixed  Bangladeshi  Other | | | |
| Consent Please ensure that the young person is fully aware of the content of this referral before signing the form below. Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| If you have any queries about the y-talk service or wish to discuss this referral, then please contact us on 07770 019147 or email [y-talk@rightthere.org](mailto:y-talk@rightthere.org)  referrals can be sent by email to: [y-talk@rightthere.org](mailto:y-talk@rightthere.org) or posted to:  y-talk, Right There, Orkney, Glaitness Farmhouse, Kirkwall, KW15 1TN | | | |