**Adolescent Risk Management Panel (ARM) Referral Form**

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| **Name of Young Person:** |
| **Date of Birth:** |
| **Legal Status:** |
| **Current Placement:** |

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| **Reason for Referral:**  What behaviour, risks, incident has generated this referral at this time? |
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| **History:**  What risk reduction/ risk management/additional support been offered? |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has | YOS | Y | N | Residential Care | | Y | N | Foster Care | Y | N | Secure | Y | | N | Other | | Y | N | |
| Has | CCE | Y | N | CSE | | Y | N | Gang Affiliated | Y | N | Trafficked | Y | N | | |  | | |
| Has NRM been submitted | | | | | Y | | N |  | | | | | | | | | | |
| Status Awarded: | | | | | | | | | | | | | | | | | | |

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| **Prognosis:**  If nothing changes what might the consequences be? |
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| What positive skills, success has he/she had? |
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| **ACE’s:** List three Adverse Childhood Experiences this young person has had. |
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| Desired Outcome from ARM Panel |
|  |

Signed ………………………………………………………………………………………………….Service Manager

Agreed Yes/No

Date………………………………… Time…………………………….. Panel………………………………………

**Completed Referral Form to be sent to:** [**Sharon.Conway@dudley.gov.uk**](mailto:Sharon.Conway@dudley.gov.uk)

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