19 Station Road, Redcar, TS10 1AN

[referrals@thejunctionfoundation.com](mailto:referrals@thejunctionfoundation.com)

01642 756000

|  |  |  |
| --- | --- | --- |
| **Name of Service User Referred :** |  | Male:  Female: |
| **Address:** |  | |
|  |  | |
| **Postcode:** |  | |
| **D.OB :** |  | Age: |
|  |  | |
| **Contact information:** | Mobile:  Landline:  Email: | |

|  |  |
| --- | --- |
| **Name of School/College :** |  |
| **Name of Doctor & Surgery:** |  |

|  |  |
| --- | --- |
| **Parent/Guardian Name:** |  |
| **Details if different from above:** | Address:  Mobile:  Landline: |

Please tick relevant service

**Mental Health & emotional wellbeing**

*Engage@theJunction is a tier two service that supports young people aged 14-25 who live in the Redcar & Cleveland area who are affected by mental ill health. We aim to support young people to increase their personal resilience through one to one support, group work and counselling.*

**Young Carers, young adult carers and their families**

*Supporting young people age 5 – 25 who take on, share or are impacted by a caring responsibility for another family member, this could be through physical/learning disability, chronic ill health, mental ill health or substance misuse. The service offers 1-1 support, counselling, group work and whole family support.*

**Youth Empowerment Service**

*Flexible 1-1 outreach support for young people age 14 – 25 who require support to remove the barriers to accessing employment, education or training.*

|  |  |
| --- | --- |
| **Name of person making Referral:** |  |
|  |  |
| **Name of Organisation** |  |
| **Job Title** |  |
|  |  |
| **Relationship to young person** *i.e. professional, parent etc* |  |
| **Contact information:** | Mobile:  Landline:  Email: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has the child/young person been informed of referral?** | Yes |  | No |  |
| **Has the parent/guardian been informed if child/young person under 16?** | Yes |  | No |  |

**Safeguarding, please tick** *please attach any relevant information, meeting minutes etc*

|  |  |  |  |
| --- | --- | --- | --- |
| **Child Protection** | **Child in Need** | **CAF/Early Help** | **Other** *please state i.e. pastoral etc* |
|  |  |  |  |

**Brief description of young persons presenting issues/support needs**

**Is the young person a carer? YES NO**

|  |  |
| --- | --- |
| **Name of cared for person:** |  |
| **Relationship:** |  |
| **Medical condition, diagnosis:** |  |

**What existing support is in place and who provides it?**

**Does the child/young person, their family, or their environment present any risks to self or others?** (*Where there are concerns regarding self harm/suicide please seek advice via the child/young person’s GP or contact Redcar Children & Adolescent Mental Health Service on 01642 516755)*

**Any other relevant information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of person making referral** |  | Date |  |
| **Signature of child/ young person** |  | Date |  |
| **Signature of parent/guardian (if applicable)** |  | Date |  |

Please send completed referral forms to

E: [referrals@thejunctionfoundation.com](mailto:referrals@thejunctionfoundation.com)

P: 19 Station Road, Redcar, TS10 1AN

F: 01642 758922