

**Referral Form for Children and  
Young People (age 5 -17)**

T: 02476 351003

E: warwickshire.cyp@victimsupport.cjsm.net

www.victimsupport.org.uk

|   |  |  |                            |      |        |       |
|---|--|--|----------------------------|------|--------|-------|
| Date of referral:   |  |  |                            |      |        |       |
| Has consent been given to make this referral to Victim Support? |  |  |                            | Y    | N      |       |
| Young Person's Surname:   |  |  | Young Person's First Name: |      |        |       |
| Date of Birth:  |  |  | Gender:                    | Male | Female | Other |

|                         |  |  |                     |                                      |   |                                |   |   |
|-------------------------|--|--|---------------------|--------------------------------------|---|--------------------------------|---|---|
| Young Person's Address: |  |  |                     | Is it safe to write to this address? | Y | N                              |   |   |
| Home tel                |  |  | Is it safe to call? | Y                                    | N | Is it safe to leave a message? | Y | N |
| Mobile tel              |  |  | Is it safe to call? | Y                                    | N | Is it safe to leave a message? | Y | N |
| Email:                  |  |  |                     | Is it safe to email?                 | Y | N                              |   |   |

|  |        |          |         |         |       |
|--|--------|----------|---------|---------|-------|
| Parent/Carer/Appropriate contact Person name:  | Title  | Forename |         | Surname |       |
|  |        |          |         |         |       |
| Address for Parent/Carer/Contact Person:<br><br>(if different from above)  |        |          |         |         |       |
| Telephone number & email address (if known)  | Mobile |          | Home    |         | Email |
|  |        |          |         |         |       |
| Who should initial contact be made with?<br><br>Please note Victim Support will only initially contact children 15 and under via an appropriate adult<br>Please include details if different from above. |        |          |         |         |       |
| Name/s and circumstances of all people with parental responsibility:   |        |          |         |         |       |
| Is the Child / Young Person aware of this referral?  | Y      | N        | Details |         |       |
| Parental consent to contact CYP directly (age 12-15)?  | Y      | N        | Details |         |       |

|                          |                               |
|--------------------------|-------------------------------|
| <b>Referrer Details:</b> |                               |
| <b>Agency</b>            | Name of organisation:         |
|                          | Name of referrer & Job Title: |
|                          | Address:                      |
|                          | Contact phone number/s:       |
|                          | Email:                        |

|   |                               |          |          |
|---|-------------------------------|----------|----------|
| <b>Is the young person experiencing any of these issues</b> | <b>Mental Health problems</b> | <b>Y</b> | <b>N</b> |
|   | <b>Drug Abuse</b>             | <b>Y</b> | <b>N</b> |
|   | <b>Alcohol Abuse</b>          | <b>Y</b> | <b>N</b> |
|   | <b>Behavioural Problems</b>   | <b>Y</b> | <b>N</b> |
| <b>Any other issues?</b><br>Please give details.            |                               |          |          |

| <b>Other professionals involved with this child / young person if known:</b> |               |             |                       |
|--|---------------|-------------|-----------------------|
| <b>Role</b>  | <b>Agency</b> | <b>Name</b> | <b>Contact Number</b> |
|  |               |             |                       |
|  |               |             |                       |

|  |          |          |
|--|----------|----------|
| <b>Is this child / young person subject to Child Protection plan?</b>  | <b>Y</b> | <b>N</b> |
| <b>Level of need (please circle): Child Protection / child in need / universal services / looked after child / other</b> |          |          |
| <b>Does this child / young person have any additional or special needs?</b>  | <b>Y</b> | <b>N</b> |
| If yes, please give details:   |          |          |

**Please explain the reason for referral:**

Please continue on a separate sheet if necessary.

**Please return the completed form either via secure email to:**

[warwickshire.cyp@victimsupport.cjsm.net](mailto:warwickshire.cyp@victimsupport.cjsm.net)\*\*

**As a password protected document to:**

[warwickshire.vs@victimsupport.org.uk](mailto:warwickshire.vs@victimsupport.org.uk)

**Or via post to:**

Victim Support  
Bedworth Police Station  
High Street  
Bedworth  
CV12 9NH

\*\*CJSM can only receive emails sent from another CJSM or GCSX accounts. Emails sent to this address via any other means will not be received.

Please note that in making a referral this does not mean that Victim Support will automatically be able to support the young person/ child. All young people/ children will be contacted and where it is deemed that Victim Support is not able to support them they may be signposted to other appropriate agencies. The referring agency will be notified if we are unable to support the young person/child.