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| **Referral Form**  **‘Women and Girls Together’**  The ‘Women and Girls Together’ project is a female only service working with vulnerable girls and young women 12 to 21 years old who are exposed to harmful behaviours or at risk of, or open to social services under a risky behaviour plan or under a Multi-Agency Child Sexual Exploitation panel.     |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Name of referral: |  |  | |  | |  | DOB: | | |  | | Address: |  | | |  | |  | | | | | | Tel No: |  | | Mobile No : |  | | Gender: | | |  | | | Email: |  | | |  | | Ethnicity: | | |  | | | Parent/guardian names: |  | | |  | Family’s preferred Language: | | |  | | |     **Referred by:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name: |  | Title: |  | | | Agency: |  | | | | | Address: |  | | | | | Tel No: |  | Email: | |  | | Signed: |  | Date: | |  |     Are there any child protection concerns or are they open to social services under a risky behaviour plan or under a Multi-Agency Child Sexual Exploitation panel? Y/N  Please detail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Agencies currently involved:**   |  |  |  |  | | --- | --- | --- | --- | |  | **Agency** | **Professional** | **Contact details** | | 1 | Social Services |  |  | | 2 | TAF |  |  | | 3 | Health e.g. CAMHs |  |  | | 4 |  |  |  | | 5 |  |  |  | |
| |  | | --- | | **Risks and concerns:**  Please tick all that apply to the female that you are referring, and provide further details in the ***Reasons for Referral*** section below: | | LAC Domestic Violence Stalking Young Carer  Historic/current social care involvement Self- harming behaviour Criminality  Low self-esteem/ confidence Mental health issues/concerns Homeless  Recent bereavement/loss Suicide attempt(s) Concerns of substance misuse  Suicide ideation Repeated STIs/pregnancies/terminations  Involved or associated with gang/youth violence Parent criminality issues  Experienced/concerns of neglect Experienced/concerns of emotional abuse  Experienced/concerns of physical abuse Witnessed other forms of violence  Parent/family member experiences sexual violence Risk of or have been sexually exploited  Concerns/issues with online safety Experiences/concerns of grooming |  |  | | --- | | **Reasons for Referral:**  Please outline reasons for your referral and provide any further details around the above presenting issues and concerns. | |  |   **Parents/Guardian Consent:**   |  | | --- | | I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give my consent to a referral being made to Action for Children for the Women & Girls Together Project for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child/young person). I understand that the information on this form will be stored on an electronic database, compliant with the DPA (Data Protection Act) and used for the purpose of providing services to this child/young person. I agree to the information recorded on this form being shared with other projects & organisations who may also be able to provide services.  **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Please note that all forms must be signed by the person who has parental responsibility- we will not accept verbal consent.  **Please return to Action for Children, Penfynnon, Hawthorn Rise, Haverfordwest, Pembrokeshire, SA61 2AX** | |