

Office use only	
Date referral received	
Outcome of referral	

This form must be completed for all referrals and sent to Tracey Hanson

Tracey.Hanson@thejoshhansontrust.org

CONSENT

DATA PROTECTION STATEMENT

Please ensure that the client is aware that the information gathered and included in the Referral Form is confidential and will be kept on file. This information will be shared with others on a need to know basis and will only be disclosed to third parties without the consent of the client, if there is a significant risk of harm to a child or adult

adult.	
DETAILS OF REFERRING AGENT	
Date of referral:	
Agency Name and Borough:	
Referrer's Name and Job Title:	
Referrer's Contact Telephone and Email:	
Referrer's Relationship to Client:	
CLIENTS DETAILS	
Name:	
DOB:	
Current Address:	
(Ensure to include borough and postcode)	
Parent/Guardian Contact details:	
Mobile:	
Email Address:	
Has parent/guardian consent been given for this referral?	Yes No



Does the young person have access technology to take part in online ses					
Reason for the referral					
PRESENTING ISSUE/S (Tick all that	apply):				
☐ Physical Abuse	☐ Gang-related	☐ Sexual Assault			
☐ Emotional Abuse	☐ Harassment	☐ Sexual Bullying			
☐ Financial Abuse	☐ Prostitution	☐ Sexual Exploitation			
☐ FGM	Sexual Harassment	☐ Faith Based Abuse			
☐ Forced Marriage	Rape	☐ Stalking			
☐"Honour" based violence	☐ Trafficking	☐ Domestic Abuse			
☐ Childhood physical/sexual abuse ☐ Other harmful practice – please specify:					
Please use this section to add any further information:					
(continued)					



Other agencies involved			
Name	Job Title/ Relationship	Agency Details	Address, Telephone & email
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	MONI	TORING INFORMATION	
Ethnic background			
Asian Bangladeshi	☐ Black African	Chinese	☐ White British
Asian British	☐ Black British	Latin American	☐ White Irish
Asian Indian	☐ Black Caribbean	☐ Middle Eastern	☐ White European
Asian Pakistani	☐ Black other	☐ Mixed Ethnicity	☐ White Other
Asian Other			
Prefer not to say	☐ Do not know	Other – please s	pecify
Religion/Belief			
Agnostic Atheist	Buddhist	☐ Christian ☐ Hindu	Humanist
☐ Jewish ☐ Muslim	Rastafarian	☐ Sikh ☐ None	Other
☐ Prefer not to say	☐ Do not know	Other – please specify	
Frelei flot to say		Utilei – piease specify	



<u>Sexuality</u>
☐ Bisexual ☐ Heterosexual ☐ Lesbian ☐ Other
☐ Prefer not to say ☐ Do not know ☐ Other – please specify
<u>Gender/Identity</u>
☐ Female ☐ Transgender ☐ Other – please specify ☐ Prefer not to say
☐ Do not know
<u>Disability</u>
Yes No Registered Disability
☐ Blindness/Visual impairment ☐ Deafness or Partial Hearing
☐ Learning/Cognitive/Memory Difficulty ☐ Mental Health
☐ Mobility Difficulty ☐ Other Disability – please state
☐ Prefer not to say ☐ Do not know

If you have any questions or need any further information please contact:

Tracey Hanson on 07968798864 or tracey.hanson@thejoshhansontrust.org