LPW Referral Form

*LPW offer specialist support for children and young people. We have a range of group sessions around particular needs / hobbies which can be accessed on an ongoing basis to help sustain change.*

|  |  |  |
| --- | --- | --- |
| **Referring agency** |  | **Name and position of referrer**  |
|  |  |
| Contact address |  |
|  | Telephone (work) |  |
| Telephone (mobile) |  |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child / young person's name  |  | Gender |  |
|   | Disclosed disability[[1]](#endnote-1)  |  |
| Date of birth |  | Ethnicity |  |
| School/college/employer/training provider  | Sexuality |  |
|  | Religion |  |
| Contact address:  |  | Parent/Carers Name(s) |
|  |  |
| Telephone 1 |  |  | Telephone 2 |  |

|  |
| --- |
| **Other organisations working with family** |
| **Organisation** | **Contact** |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Advised method for contacting child / young person** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are the family aware of the referral? | Yes |  | No |  |
|  |
| Family comments on the referral |

|  |
| --- |
|  What’s working well with this child / young person? What do they enjoy doing? |
|  |
| What worries you most about this child / young person? |
|  |
| Are there any risks, past harm or additional needs (e.g. previous abuse, anger management, attachment issues etc.) that we need to be aware of when working with this child / young person? |
|  |

|  |
| --- |
| What do you want to happen through the work? |
|  |
| What does the child / young person want to happen through the work? |
|  |
| How often would you LPW to see the young person (minimum weekly)? |
| For a guide: LPW will only provide support for a minimum of 2 hours a week which would be one session.  |

1. Please include any relevant supporting documents [↑](#endnote-ref-1)