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**WeMatter Referral Form for Children and Young People age 8 – 17 years.**

**Email to:**

[WeMatter@victimsupport.org.uk](mailto:WeMatter@victimsupport.org.uk)

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| --- | --- | --- | --- |
| **Child/ Young Person Being Referred** | | | |
| Full Name |  | Date of Birth |  |
| Address |  | Ethnicity |  |
| First Language |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mobile Number |  | Safe to call | Y | N | Safe to leave a message | Y | N |
| Landline Number |  | Safe to call | Y | N | Safe to leave a message | y | N |
| Email Address |  | Safe to email | Y | N |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the Child/ Young Person have a disability? | Y | N | Prefer not to say |
| If YES, please detail below: | | | |
| Is the Child/ Young Person experiencing any other issues? (i.e. mental health, behavioral, drugs, alcohol) | Y | N | Prefer not to say |
| If YES, please detail below: | | | |

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| --- | --- | --- | --- |
| **Safe Parent/ Carer Details** | | | |
| Full Name |  | First Language |  |
| Address (if different from above) |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mobile Number |  | Safe to call | Y | N | Safe to leave a message | Y | N |
| Landline Number |  | Safe to call | Y | N | Safe to leave a message | y | N |
| Email Address |  | Safe to email | Y | N |  | | |

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| --- | --- | --- | --- | --- |
| Name/s and circumstances of all people with parental responsibility |  | | | |
| Details of who initial contact should be made with: |  | Consent given to contact Child/ Young person directly? (12 – 15 years) | Y | N |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Details** | | | |
| Full Name |  | Relationship to Child/ Young Person |  |
| Organization/ Job Title |  |
| Address |  | Contact Number |  |
| Email address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Professionals Involved with Child/ Young Person if known** | | | |
| Role | Agency | Name | Contact Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is the child/ young person subject to a safeguarding plan? (Please indicate below)** | | | | |
| Looked after Child | Child Protection | Child in Need | Early Help Services | Universal Services |

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| **Reason for referral (including, History, Circumstance and Abuse)** |
| (Please continue on a separate page if required) |

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| **Please note**  **\*No HIGH risk referrals will be accepted.**  **\*We Matter is a totally digital service provided to Children and Young People who have experienced historic domestic abuse.**  **\*Children and Young people must no longer be residing with the alleged perpetrator.**  **\*Children and Young People must have access to ZOOM on their own device and for safety reasons are required to have their cameras on at all times.** |