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| **asist main logo 2010 Independent person for secure accommodation reviews Referral Form ©**  |  |

Service available Monday to Friday 9am to 5pm (excluding bank holidays)

**(Referrals can be made by Stoke City Council)**

**Eligibility Checklist**

* In secure accommodation or custody
* Under the Local Authority of Stoke on Trent Council

**Children and Young People who are:**

**YES**

**NO**

The Independent person will:

Not Eligible

Be a member of the secure criteria review panel.

Please complete the attached referral form.

For further information please contact the Asist office.

Enusre the child/ young persons wishes and feelings are given due consideration by the local authority

Ensure the child experiences just processes and ensure the safety of the child.

Participate in any case reviews for the chid or young person.

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| **To discuss a referral please contact Asist on 01782 845584** |

**Fill in this form and send to Asist by emailing** **referrals@asist.co.uk**

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| **asist main logo 2010 Independent person for secure accommodation reviews Referral Form** |  |
| Service available Monday to Friday 9am to 5pm (excluding bank holidays)**(Referrals can be made by Stoke City Council)** |  |
| **About the child or Young Person requiring support**  |
| **Mr/ Miss:**  | **Name:**       | **Date of birth:**       |
| **Gender:**       | **Preferred Pronouns:**       | **Mobile:**       |
| **Current Address:**       | **Tel:**       |
| **Postcode:**       |
| Sexual Orientation:       | **Email:**       |
| Religion; please include any cultural or religious needs)       |
| **The Current Residence is:**  | **Secure Accommodation [ ]  Custody [ ]  Other**       |
| **Reference Number:**  |       |
| **I confirm that the child or young person on this referral in under the Local Authority of Stoke on Trent Council**  | [ ]  |
| **How does this child or Young Person communicate?** |
| **Preferred Language:**       | **Dialect:**       |
| **Spoken Language** | [ ]  | **Gestures/Facial Expressions/Vocalisations** | [ ]  |
| **British Sign Language** | [ ]  | **Words/Pictures/Makaton** | [ ]  |
| **Other, please give details:**       |
| **Known risks (to themselves or others):** Please include if the person is currently on a Covid positive ward, any historical risks, etc       |
| **What is the child or young person’s additional support needs?** |
| **Mental health Problems** | [ ]  | **Physical Health** | [ ]  |
| **Cognitive Impairment** | [ ]  | **Autism Spectrum Condition** | [ ]  |
| **Learning Disability**  | [ ]  | **Serious Physical illness** | [ ]  |
| **Other/ more information:**       |
| **Does the child or young person have a substantial difficulty?**  | **Yes [ ]  No [ ]** If yes, please specify:       |
| **Does the child or young person have a physical or mental impairment?** | **Yes [ ]  No [ ]** If yes, please specify:       |
| **Does the child or young person lack capacity?** If yes, please specify what decision/ area | **Yes [ ]  No [ ]**       |
| **What Ethnicity is this person?** |
| **White** | **Asian or Asian British** | **Mixed** | **Black or Black Irish:** | **Chinese** |
| [ ] British[ ] Irish[ ] Other | [ ] Pakistani[ ] Bangladeshi[ ] Indian | [ ] White & Black Caribbean[ ] White & Black African[ ] White & Asian | [ ] Black Caribbean[ ] Black African | [ ] Chinese[ ] Ethnicity not established |
| **Other, please specify:**       |
| **Review Information** |
| **Has the child or young person already had a review?** | [ ]  Yes [ ] No |
| **Please give details of any forthcoming dates for secure accommodation reviews.** Please include any meeting locations, if in person or via zoom, any communication aids required, zoom links, requirements for meetings (does family/ friends/ guardian need to attend?), dates and times, etc.      |
| **Additional Information** |
| **Please provide any further information here that you believe is relevant to this referral.** Are there any other professionals involved in the referral? Please provide their contact information here.       |
| **Professional Referrer Information** |
| **Referred by social care [ ]  Other** |
| **Name of referrer:**      | **Job Title:**       |
| **Team/ Organisation:**       |
| **Email:**       | **Tel:**       |
| **Date of referral:**       | **How did you hear about us:**       |
| **Is CSC involved?** |
| **Name of CSC:**      | **Job Title:** |
| **Team/ Organisation:**      |
| **Email:**      | **Tel:**      |
| **Local Authority Managers Information** |
| **Name:**     | **Job Title:**      |
| **Team:**      | **Organisation:**      |
| **Signature:**      | **Date:**      |
| **Are the police Involved:** |
| **Please provide Contact information here:**      |
| **Consent** |
| **Have you discussed this referral with the child or young person being referred?**       |
| **Has the person agreed to this referral being made?**       |
| **Disclaimer** |
| **The referrer is responsible for providing ASIST with accurate, up to date information and contact details, and updating ASIST with any new information or, amendments to information provided on the referral form after it has been submitted. PLEASE make sure information is correct before submitting this form.**  |
| black phone **To discuss a referral please contact Asist on 01782 845584** |

**Fill in this form and send to Asist by emailing** **referrals@asist.co.uk**

**Head Office: Asist, Winton House, Stoke Road, Stoke-on-Trent, ST4 2RW**

