|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DOST PROFESSIONAL REFERRAL FORM | | | | | | | | |
| ABOUT YOUNG PERSON | | | | | | | | |
| First Name |  | | | | | | | |
| Family Name |  | | | | | | | |
| Age |  | | | | | | | |
| Date of Birth | Date | | Month | | | | Year | |
|  | |  | | | |  | |
| Age assessed DOB? |  | |  | | | |  | |
| Their Country |  | | | | | | | |
| Their First Language |  | | | | | | | |
| Name of School or College |  | | | | | | | |
| Sex/ identity | Male | Female | | Transgender | | | | Other identity |
| Level of English | Basic | Intermed | | Advanced | | | | Unknown |
| WHERE DO THEY LIVE? | | | | | | | | |
| Address |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Postcode |  | | | | | | | |
| Their Mobile Number |  | | | | | | | |
| WHO DO THEY LIVE WITH? (tick 1) | | | | | | | | |
| Family |  | | | | | | | |
| Foster carers |  | | | | | | | |
| With friends |  | | | | | | | |
| Hostel |  | | | | | | | |
| Supported housing |  | | | | | | | |
| Alone |  | | | | | | | |
| EMERGENCY CONTACT | | | | | | | | |
| Name parent/ carer/ keyworker |  | | | | | | | |
| Address |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Mobile Number |  | | | | | | | |
| HEALTH | | | | | | | | |
| Health issues? | YES | | | | | NO | | |
| Details |  | | | | | | | |
| Medication? |  | | | | | | | |
| CONSENT | | | | | | | | |
| Does the young person know that you are making this referral? | YES | | | | NO | | | |
| OTHER PROFESSIONALS | | | | | | | | |
| Do they have a Social Worker? | YES | | | | | NO | | |
| Borough? |  | | | | | | | |
| Do they have a solicitor? | YES | | | | | NO | | |
| Name of Referrer? |  | | | | | | | |
| Date of referral? |  | | | | | | | |
| REASON FOR REFERRAL | | | | | | | | |
| Please say why you think the young person will benefit from attending Dost |  | | | | | | | |
| RISK FACTORS | | | | | | | | |
| Please say if you are aware of any risk factors surrounding the young person attending - either for themself or for others,  (trauma/ self-harm/ PTSD/ mental health issues/ violent tendencies) |  | | | | | | | |
| PROFESSIONALS INVOLVED | | | | | | | | |
| Please say which other professionals are involved with the young person and contact details if you have them |  | | | | | | | |

**Please send us your referral form and we will contact you and the young person soon.**

**Email to** [**marian@dostcentre.co.uk**](mailto:marian@dostcentre.co.uk)

Or post to

**Marian Spiers**

**Youth Work Programme Manager**

**Newham Leisure Centre**

**281 Prince Regent Lane**

**London E13 8SD**