

Barnardo's Referral Form



Solent Rape and Sexual Assault Counseling Centre Barnardo's TrustTalk2 Child and Young Person's Service

For children and young people who have experienced sexual crime and trauma

The Barnardo's TrustTalk2 counselling service is free to access service and is available to the Police, domestic abuse services, sexual violence services and any other professional needing to refer a victim of sexual crime and trauma who requires therapeutic support.

Referrals must be sent via email and must be password protected/encrypted.

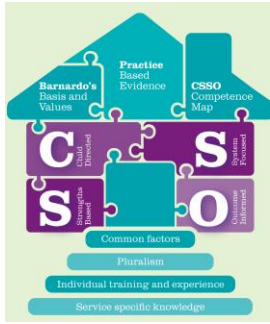
Please send securely to: Solent@theyoustrust.org.uk

Please highlight within which area the service will be required		
Isle of Wight	South East Hampshire Fareham, Gosport, Petersfield, Havant or Portsmouth	South West Hampshire New Forest, Eastleigh or Southampton

Date referral completed	
Name of referrer	
Agency	
Phone number	
Email	
PLEASE INDICATE IF YOU HAVE DISCUSSED THIS REFERRAL WITH THE YOUNG PERSON (aged 13+) or their PARENT/CARER (12 and under) AND RECEIVED THEIR CONSENT TO SUBMIT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
REFERRAL WILL NOT BE ACCEPTED WITHOUT CONSENT OF THE YOUNG PERSON or PARENT/CARER	
Name of child/young person	Age/date of birth



Gender	Ethnicity
Cultural/religious beliefs	Language(s) spoken
Current address	Phone number
Physical/learning disabilities	Medical diagnosis/requirements/ issues/allergies
Name and address of GP	Any specific
Current level of need;	
Child in Care <input type="checkbox"/> Child Protection <input type="checkbox"/> Child In Need <input type="checkbox"/> Early Help <input type="checkbox"/> Universal <input type="checkbox"/>	
Is there or has there been a current police investigation Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this young person known to the MET (missing exploited trafficked) group Yes <input type="checkbox"/> No <input type="checkbox"/>	
If trafficking is suspected, has a Child NRM (National Referral Mechanism) form been completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Migrant/Refugee/Asylum seeker/ Unaccompanied asylum seeker/trafficked (please specify)	
Name and telephone number of person to contact to arrange appointment	
Parent/carer Details: Is the parent/carer is aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of parent/carer:	Relationship to child/young person:
Address:	Contact number:



Name of parent/carer:		Relationship to child/young person:	
Address:		Contact number:	
Education Status			
Name of School/College			
Current support being offered: Other agencies involved?			
Name and telephone number of agency		Current work being received	
Please provide reasons for referral: e.g., victim of sexual violence, abuse experienced/suspected, experience of trauma			
Please provide details of any risk factors which may affect how we work with the child/young person: e.g., family violence, risky associates, suicide attempts, suicide thoughts, self-harm, substance misuse, alcohol misuse, bullying, truancy, exclusion, absconding, socially harmful behavior, violence to others			