

# 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.**

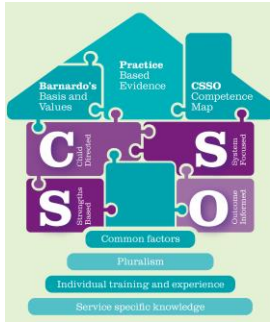
Please send securely to: [Solent@theyoustrust.org.uk](mailto:Solent@theyoustrust.org.uk)

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

<b>Date referral completed</b>	
<b>Name of referrer</b>	
<b>Agency</b>	
<b>Phone number</b>	
<b>Email</b>	
<b><u>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?</u></b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>REFERRAL WILL <u>NOT BE ACCEPTED</u> WITHOUT CONSENT OF THE YOUNG PERSON or PARENT/CARER</b>	
<b>Name of child/young person</b>	<b>Age/date of birth</b>



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



<b>Name of parent/carer:</b>		<b>Relationship to child/young person:</b>	
<b>Address:</b>		<b>Contact number:</b>	
<b>Education Status</b>			
<b>Name of School/College</b>			
<b>Current support being offered: Other agencies involved?</b>			
<b>Name and telephone number of agency</b>		<b>Current work being received</b>	
<b>Please provide reasons for referral: e.g., victim of sexual violence, abuse experienced/suspected, experience of trauma</b>			
<b>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</b>			