## SGV Referral Form – Havering Youth Offending Service

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| 1. **Referrer’s Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Referring Organisation** | | | | | |  | | | | | | | | | | | | | **Referral Date** | | | | | |  | | | | | | | | | | | | | |
| **Name of Referrer** | | | | | |  | | | | | | | | | | | | | **Referrer’s Contact Number** | | | | | |  | | | | | | | | | | | | | |
| **Referrer’s Email Address** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Young Person’s Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address and postcode** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address** | | | | | | |  | | | | | | | | | | | | **Phone number** | | | | | | | | |  | | | | | | | | | | |
| **Date of birth** | | | | | | |  | | | | | | | | **Gender** | | | | | | | | **Male** | | | | | |  | | | | **Female** | | | | |  |
| **First language** | | | | | | |  | | | | | | | | **Religion** | | | | | | | | | | | | | |  | | | | | | | | | |
| **Immigration Status:** | | | | | | |  | | | | | | | | **Housing Provider (if relevant)** | | | | | | | | | | | | | |  | | | | | | | | | |
| **Parent/Carer name and relationship** | | | | | | |  | | | | | | | | | | | **Parents phone number** | | | | | | | | | | |  | | | | | | | | | |
| 1. **Criteria for Referral** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select which criteria applies to your client:  **Required** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Resident of Havering or offending Havering | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| * 18 or under | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **At least two required** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Victim of serious youth violence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| * Known violent offender (violence linked to serious youth violence) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| * Convictions for violent offences | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| * Known group/gang offender (can be evidenced) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| * Habitual carrier of a weapon(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| * At risk of involvement in gangs/violence but not yet known to the criminal justice system | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| * Gang-affiliated, open to YOS or Probation services and at risk of escalating offending, violence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| * Known gang members | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. **Assessment of Young Person at Referral** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Attended** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Year group** | | | | |  | |
| **4(a) School Attendance in Previous Term** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attendance  %** | | **Unauthorised Absence %** | | | | | | | | **Authorised Absence %** | | | **Notes** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **(4b) Behaviour at School During Previous Term** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Detentions** | | **Reports** | | | | | | | | **Inclusion Unit Days** | | | **Fixed Term  Exclusion Days** | | | | | | | **Notes** | | | | | | | | | | | | | | | | | | |
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| 1. **Offending History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Order/Sentence** | | | | | | | | | **Offence** | | | | | **Conditions** | | | | | | | | | | | | **Start Date** | | | | | | | | | | **End Date** | | |
|  | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | |
| **Previous Convictions Summary:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Order/Sentence** | | | | | **Offence** | | | | | | | **Conditions** | | | | | | | | | | **Start Date** | | | | | | | | | **End Date** | | | | | | | |
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| 1. **Risk Assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Exclusion Zones** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prohibited Associations** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risks to Others:** | | | | | | | | Is there a risk to life? | | | | | | | | | Yes | | | | | | | | | | | | No | | | | | | | | | |
| If yes, who poses the risk? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| What area(s) is the risk | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Other risks from others | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Risks to Others:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risks to Self:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **SGV Relevant Family Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | **DOB** | | | **Relationship** | | | | | | | **Address (Please state if custodial)** | | | | **Ethnicity (optional)** | | | | | | **Disability**  **(optional)** | | | | | | **Gender** | | | | | | | **Victim/Offender (if applicable, specify gang association)** | | | | |
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| 1. **Other Professionals Working with Young Person** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Professional’s Name** | | | | | | | **Agency** | | | | | | | | | **Professional’s Role** | | | | | | | | | | | | | | **Contact Info (Phone and email)** | | | | | | | | |
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| **Reason for Referral** |
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| **When completed please send to:**  [Stephen.callender@llpsgv.cjsm.net](mailto:Stephen.callender@llpsgv.cjsm.net) (YOS referrals)  [Alex.nelson@llpsgv.cjsm.net](mailto:Alex.nelson@llpsgv.cjsm.net) (Probation referrals) |

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| **I can confirm a copy of LifeLine’s privacy policy has been given to me.** | |
| **Name** |  |
| **Date** |  |

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