



DECCA Referral Form

Please complete this form in full, if this does not occur we may need to return the referral so further information can be added. The information supplied is for use of the DECCA Team and its contents are kept confidential. This document is retained at DECCA.

Email referrals as a WORD DOC to:

Decca_Team@sandwellchildrenstrust.org or call 0121 569 2201 / 07500 785889

Young Persons Details:

| | | | |
|--|--|--|-------|
| First Name(s) | | Surname | |
| Date of Birth | | Age | |
| Ethnicity | | Sex | M / F |
| Address: Contact number(s) Optional | | | |
| <u>How</u> does the young person want to be contacted? <u>Where</u> does the young person want to be seen? What school/employment do they attend? | | Any disabilities, special educational needs or special requirements? | |
| <ul style="list-style-type: none"> GP Details (essential when making a referral) | | | |
| <ul style="list-style-type: none"> Is the Young Person involved with early help services or children's social care? Yes / No If YES, contact the worker to make them aware of this referral | | | |
| Contact details for worker: | | | |
| Details of the early help intervention or what plan they are on: | | | |
| <p>In order to support them, DECCA will need to keep details of any young person referred to their service, on their secure electronic system. You will need to seek their consent to the information on this form, being shared with DECCA. They will need to understand that DECCA will hold the information securely and retain the form for DECCA use only. They also need to understand that they can withdraw their consent to this referral at any time. More information on this can be found at https://www.sandwellchildrenstrust.org/privacy/. Please ask the young person you are referring, to sign this form to agree to this, or if they have consented to the referral verbally, please add your signature so you can confirm on their behalf. For more information on how long records are kept, please speak to a DECCA Worker.</p> | | | |
| Signed : | | Date: | |



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Substance(s)/drug(s) used:

Please detail why you are referring this young person to DECCA and what you hope that they gain from working with DECCA?

What does the young person want to achieve by working with DECCA?



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What to tell young people about DECCA:

We are confidential

We can arrange to meet you in a place that suits you best

We won't try and tell you what to do

We know quite a bit about drink and drugs

We know about what young people in Sandwell do because we talk to them everyday

If your problem isn't drink or drugs we can help you get the right help

We will work with you for as long as is needed but no longer than you want – we want to provide the right service for YOU

Referrers Details:

| | | | |
|--|--|-------------------------------------|--|
| First Name | | Surname | |
| Job Title if applicable | | Relationship to young person | |
| Address | | | |
| Email: | | | |
| Contact Number(s) | | | |
| Lead Professional for this young person including <u>contact number</u> and <u>email</u> if not yourself | | | |
| Is the young person's <u>parent(s) or carer(s)</u> aware of this referral? YES/NO | | | |
| Who has parental responsibility? | | | |
| Contact details: | | | |
| Note: If the referral is to be used for part of the exit strategy, for the young person, then the referral should be received in no less than 3 weeks before their intervention with you ends. If this does not occur then the referral may not be taken. | | | |
| Ever admitted to hospital for substance/alcohol misuse? | | YES/NO | |
| If YES, give details of admission including: date/ who present/ CAMHS referral etc. | | | |
| Referrers signature: | | | |
| Date referral completed: | | | |
| Date referral received by DECCA (DECCA use only): | | | |