



Drug Education, Counselling and Confidential Advice

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 young person must be aware that a referral has been made for them and sign to say they are happy for us to contact them.
 The information supplied is for use of the DECCA Team and is confidential.

Email referrals to: decca_team@sandwell.gcsx.gov.uk

Young Persons Details:

Date referral completed		Date received (Office use only)	
First Name(s)		Surname	
Date of Birth		Age	
Ethnicity		Gender	
Address			
Substance/drug used: How does the client want to be contacted? (If different from above please give details)			
Contact Number(s)	Is the young person in Care (LAC)? If Yes - contact their social worker to ensure they are aware of this referral		
Any disabilities or special educational needs?	Contact details for Social worker:		
Please ask the young person to sign below to say they agree to work with DECCA. If there is no signature then we cannot contact the young person			
Signed :			

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What to tell young people :

We are confidential

We can arrange to meet you all across Sandwell

We won't tell you what to do

We know about drink and drugs

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

We can give out condoms and sexual advice

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

Something might have happened we can warn other people about

Referrers Details and reason for referral:

First Name		Surname	
Job Title if applicable		Relationship to young person	
Address including email			
Contact Number(s)			
Lead Professional for this young person including contact number and email if not yourself			
Is the young person parent or carer aware of this referral? YES/NO			
Who has parent 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 not less than 3 weeks before their intervention with you ends. If this does not occur then the referral may not be able to be taken.			
Ever admitted to hospital for substance/alcohol misuse? YES/NO			
Please detail why you are referring this young person to DECCA and include any related issues e.g mental health, offending, harm to self or others please attach further sheets if needed.			
Your signature:			

[ILO: UNCLASSIFIED]