



Please complete all parts and return to:

Bright Futures
Community Hub
459 John Williamson Street
South Shields
NE33 5HP
info@brightfuturesne.co.uk

REASON FOR YOUR REFERRAL _____

- CSE Education ISVA/IDVA Young Mums Employment



Please ensure you have completed the **CSE Risk Indicator Tool** to assess the level of risk, then attach a copy. If this has not been completed please speak to a member of staff before submitting the referral.

REFERRER & REFERRING AGENCY _____

Referrer Name: _____

Referring Agency: _____

Telephone Number: _____

Address: _____

Email Address: _____

Job Title: _____

Line Managers Name: _____

Line Managers Telephone Number: _____

Line Managers Email Address: _____



CLIENT INFORMATION

Clients Name: _____

Date of Birth: (DD/MM/YYYY) _____

Gender: _____ Ethnicity: _____ Religion: _____

Address including postcode: _____

Is the address safe to post to? Yes No

Telephone number? _____

Is the telephone number safe to call? Yes No

Additional Needs or disability? Yes No

GP Name and Address: _____

Is the client enrolled in education? Yes No

School/College details: _____

Any key workers? Yes No

Employment details: _____



CLIENT INFORMATION

Is the client pregnant? Yes No

Do they have any children? Yes No

If yes, please provide names and date of birth of child(ren):

If yes, are the child(ren) on any safeguarding plans? Yes No

Please provide details and contact information for any professionals involved with the client and/or family:

Reason for referral (please include as much relevant details as possible):

CLIENT SUPPORT

What Support would be beneficial to the client?

Does the Client have a history of, or require support (please select all that apply):

- Substance misuse Mental health (including suicide and self-harm)
- Violent/aggressive behaviour Conviction/offending history
- Physical Health Neglect/lack of self-care
- Risk of harm to others English as an additional language
- Any other risks

Please provide details:

PLEASE COMPLETE WITH CLIENT BEFORE SUBMITTING REFERRAL

Please note this is a compulsory pre-evaluation form to help us develop and shape the delivery of our service.

Pre-Evaluation Form (Give a score 1-10, 1 being lowest, 10 being highest):

1. I have been feeling confident::

1 2 3 4 5 6 7 8 9 10

2. I have been feeling good about myself:

1 2 3 4 5 6 7 8 9 10

3. I have been thinking clearly:

1 2 3 4 5 6 7 8 9 10

4. I have been dealing with problems well:

1 2 3 4 5 6 7 8 9 10

5. I have been feeling happy and cheerful:

1 2 3 4 5 6 7 8 9 10

I confirm I have:

- Explained to the client that they are being referred to Bright Futures
- Explained to the client the reason they are being referred

Referrer Signature: