

# INDIVIDUAL REFERRAL FORM

In order to place a young person with Stable Life it is paramount that the Referral Form is completed in full and as accurately as possible. The quality and quantity of information supplied with the referral will have a significant effect on the likelihood of the young person being found a suitable service. It is very important that full details of names, dates of birth, addresses, ethnicity and school/college attendance (where appropriate) and the issues of concern are completed fully. To avoid delay and to keep you up to date with the progress of the referral please be specific about your contact details.

**It is compulsory that permission from parents/carers/young people has been acquired before making contact with Stable Life regarding this referral.**

For further information please consult Stable Life's Referral Guidance Notes, Referral Criteria information and Waiting List Policy which are available on request. Please telephone: 01750 32277 or e-mail: [info@stablelife.org.uk](mailto:info@stablelife.org.uk).

On completion of the form please sign, date and return along with any additional information to Stable Life, Dryden Farm, Ashkirk, Selkirk TD7 4NT

## YOUNG PERSON'S DETAILS:

FIRST NAME (S):

SURNAME:

PREVIOUS NAMES:

ETHNIC GROUP:

GENDER:

Share a word or words that reflects the young persons internal sense of gender.

STREET ADDRESS:

TOWN:

POSTCODE:

TYPE OF ADDRESS:

e.g. family home, foster care, residential

PHONE NUMBER:

DATE OF BIRTH:

## PARENT/CARER DETAILS:

FIRST NAME (S):

SURNAME:

STREET ADDRESS:  
(if different)

TOWN:

POST CODE:

PHONE NUMBER:

RELATIONSHIP TO  
YOUNG PERSON

OCCUPATION:

## REFERRERS DETAILS:

FIRST NAME:

SURNAME:

POSITION:

AGENCY:

STREET ADDRESS:

TOWN:

POSTCODE:

EMAIL:

MOBILE:

WORK NO:

It is compulsory that consent is gained from the young person and/or parents/carers before you make or discuss this referral with us. please tick the box to confirm. Yes

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**SCHOOL DETAILS:**

**HOME SCHOOLED:**

**NAME OF SCHOOL:**

**PASTORAL TEACHER:**

**ATTENDANCE % :**

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**SOCIAL WORK INPUT:** (If applicable)

**FIRST NAME:**

**SURNAME:**

**POSITION:**

**STREET ADDRESS:**

**TOWN:**

**POSTCODE:**

**EMAIL:**

**MOBILE:**

**WORK NO:**

**SUPERVISION  
ORDER:**

YES

NO

**CHILD PROTECTION REGISTER:**

YES

NO

Please supply  
further details if  
known:

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**INVOLVEMENT WITH OTHER AGENCIES:**

Please include details of any recent referrals made to other organisations even if a service has not yet been offered.

**AGENCY:**

**CONTACT:**

**TEL NO:**

**NATURE OF CONTACT:**

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**FAMILY STRUCTURE:**

**PARENTS/CARERS AND ANY SIGNIFICANT OTHERS:** (not listed previously)

**NAME:**

**RELATIONSHIP:**

**ADDRESS:** (if different)

**OCCUPATION:**

**OTHER YOUNG PEOPLE IN THE HOUSEHOLD:**

**NAME:**                      **RELATIONSHIP:**      **SCHOOL:**                      **DOB:**

Please give details of any previous or present referral applications to Stable Life for this young person

**INFORMATION FOR LONE WORKERS:**

Is there a perceived risk of violence or other matters that could place those making contact with this family in danger?

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**ADDITIONAL NEEDS AND PHYSICAL & ENVIRONMENTAL BARRIERS :** (e.g. ADHD and other learning difficulties, disability issues, allergies, phobias etc)

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**YOUNG PERSON'S PROFILE:** (Which may include personality and interests to help with our assessment)

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**REASONS FOR REFERRAL :**

Please tick all relevant issues to ensure a full assessment of need is achieved.

**SOCIAL/EMOTIONAL ISSUES**

- |                               |                      |                  |
|-------------------------------|----------------------|------------------|
| Confidence Issues             | Low Self-Esteem      | Social Isolation |
| Delayed Personal Development  | Relationship Issues  | Neglect          |
| Physical Abuse                | Sexual Abuse         | Emotional Abuse  |
| Domestic Abuse                | Mental Health Issues | Self-Harm Issues |
| Parental Mental Health Issues | Parenting Issues     | Gender Issues    |
| Physical Health Issues        | Sexual Issues        | Personal Hygiene |
| Bereavement/Loss              |                      |                  |

**BEHAVIOURAL ISSUES**

Anger Issues

School - Non-Attendee

Bullying - Victim Anti-

Social Behaviour

Other - Please detail

Drug & Alcohol Issues

School - Truancy Issues

Bullying - Perpetrator

Sexualised Behaviour / Language

Parental Substance Misuse

School - Excluded

Poor Social Skills

Impulsive Behaviour

Based on your ticks above, please expand on your reasons for referral:

**WHAT OUTCOMES ARE YOU HOPING THE REFERRAL TO STABLE LIFE WILL ACHIEVE OR CONTRIBUTE TO?**

**BASED ON THE INFORMATION YOU HAVE SUPPLIED WHICH SERVICE WOULD YOU LIKE THE YOUNG PERSON TO PARTICIPATE IN: (REFER TO REFERRAL GUIDELINES FOR FURTHER INFORMATION ON SERVICES AVAILABLE & CRITERIA)**

MAIN SERVICE

ENVIRONMENTAL GROUP

LIFE SKILLS GROUP

PAID PROVISION

**SIGNATURE OF REFERRER:**

**DATE:**

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Please return the completed form to : Stable Life, Dryden Farm, Ashkirk, SELKIRK TD7 4NT