**Referral to Voices From Care Cymru**

At Voices form Care Cymru we aim to contact all young people referred to the service within 48 hours (excluding weekends) Once a referral has been received and allocated to the correct service, as identified from the information contained in the completed referral form below. The young person will be contacted by one of our development workers to explain further the support we can offer, clarification of consent and agree future support arrangements. Once completed and with permission of the young person the referring person will be informed of contact made.

All information will be stored and used within the requirements of GDPR.

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| **Date of Referral:** |  |
| **Action date (internal use only)** |  |
| **Consent for referral and sharing of details**  |  Yes No |
| **Type of Referral (***Please tick appropriate answer)* |  Self-referral  Professional (please state below)  Other (please state below) |
| **Contact details of referrer (if not a self-referral)** | **Email :****Telephone:****Office address:** **Relationship with young person:**  |
| **Name of young person:** |  |
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| **Pronouns (She/He/They etc):** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Contact details** | Phone/mobileEmail  |
| **Emergency Contact: (if known)** | Name: Telephone: Email: |
| **Social Media (Facebook, Instagram, Twitter) Handles (if known)** |  |
| **Preferred method of contact**  | Phone/mobile Email Other: please specify below  |
| **Local Authority (local authority responsible for care of young person):** |  |
| **Residential Authority (local authority where young person lives if different to responsible local authority):** |  |
| **PA/Social Worker:** |  |
| **Contact Number for Worker: (please include both office and work contact number)** |  |
| **Contact E-mail Address for Worker:** |  |

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| **Care Status (please tick appropriate):**⃝ Looked after at home (with help of social work)⃝ Kinship Care (living with a relative that is not your mum or dad)⃝ Residential Care (living in a residential unit or school)⃝ Foster Care (living with foster carers)⃝ Secure Care (living in a secure unit)⃝ Adoptive Care (living or have lived with adoptive parent(s)). ⃝ Care Leaver |

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| **What would the young person like to be involved with?** *(Please tick appropriate answers)*⃝ Wellbeing Service: Short or structured longer-term well-being support (please state reason in referral section)   ⃝ Getting Ready: Structured support to enhance skills and knowledge for independent living and reduce risk of homelessness. ⃝ Participation Opportunities - Community events, activities, consultations, Tasty Tuesday, gaming group. local groups, Advisory group etc.   ⃝ Influencing Opportunities - When I am Ready, Social Action, Cause Champions. ⃝ Volunteering opportunities – Peer support, Peer mentoring etc ⃝ Information, advice, or formal advocacy.  ⃝ To become a member of Voices, from care, care community and receive updates and communications on projects, activities, events, and campaigns.**Reason for referral (please state below. Feel free to use extra paper and attach it to this form if needed):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Health and Support needs (please state below)** ⃝ Yes (Please state below) ⃝ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Any risks, concerns, or triggers? (please state below)** ⃝ Yes (Please state below) ⃝ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Once referral the form is completed, please email to:**

Lucia.sivori@vfcc.org.uk

**If you would like any further information, please e-mail the address above or ring:**

**029 2045 1431**