**Steer Referral Form**

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| Personal Details |
| Name of young people: |  |
| Address: |  |
| Date of Birth: |  |
| Parent/Carer name: |  |
| Phone number: |  |
| School (if applicable): |  |
| Referral Details |
| Why are you referring this young person? |  |
| Referral Criteria: | [ ]  | High risk of perpetrating or being a victim of violent crime because of peers, associates or family members (e.g. siblings) involved in organised crime, gangs or violent crime.  |
| [ ]  | Is experiencing violence in the family |
| [ ]  | Exhibits overt coercion or violent behaviour |
| [ ]  | Access to and/or regularly carry weapons such as knives |
| [ ]  | Involved in anti-social behaviour or criminal activity |
| [ ]  | Disengaged from mainstream education |
| [ ] [ ]  | Missing from home or staying out Concerns around county lines involvement |
| Referral Details |
| Name: |  |
| Job role and agency:  |  |
| Phone number: |  |
| Email address: |  |
| Is this young person open to Children Services? |  |
|  |
| Has this referral been agreed by: Young Person [ ]  Parent/Carer [ ]  |
| Signed by referrer: |  |
| Date: |  |

RETURN TO:

Email: youthservices@salfordfoundation.org.uk