**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