



NY SENDIASS Remand/Custody/YJS involvement Referral Form

Child/Young Person's details

Child/ young person's name:	DOB:
	<input type="checkbox"/> Male <input type="checkbox"/> Female (Please tick appropriate box)
Secure setting/school/college:	Please indicate the way you would like to be contacted –
Year group:	
<input type="checkbox"/> Phone <input type="checkbox"/> Email	
Parent/Carer's Name (if appropriate):	
Address:	
Postcode:	
Telephone Number	Mobile:
Landline:	
Email address:	

Referrer details (if request not from parent/young person)

Name:	
Service:	
Contact Number :	Email Address:

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Brief reason for referral:

I request the support of SENDIASS and give my permission for the SENDIASS Coordinator to access relevant information about me, and to liaise with other professionals as appropriate, with the understanding the coordinator shall always gain permission from me as the parent/carer or young person aged 16 years old or older before contacting others. I understand that I can withdraw this consent at any time.

Signed
person

Parent/Young

Date

If referral from someone other than the parent or young person:

Has consent been given by the parent/carer or a young person over 16 years old?

Yes

No

If no, please do not complete this form until permission has been given or please discuss with Sendiass Coordinators Jan Brennand 01609 536218 or Angela Cavill 01609 534611

Signed
Referrer

Date

Please return the form to info@sendiassnorthyorks.org