**Brook One-to-One Education Referral Form**

Brook is a health and well-being charity for young people. A programme of 1:1 education work is now available for young people who need additional support in Teesside. The work requested must be for education purposes only as this is not a counselling service. Professionals may refer young people to Brook if they meet one or more of the criteria set out below.

**For a young person to be referred to Brook for our programme of one-to-one education, they must:**

* Be between 13 and 25 years of age
* Live or are educated in Teesside

And either…

* Display an unhealthy attitude to relationships, sexual health and/or gender norms.
* Be at risk of harm or danger related to sex and relationships (whether online or out in the community).
* At risk of engaging in unprotected sexual activity
* Needing support around sexuality awareness, gender awareness, identity, self-esteem and acceptance
* Living in a household or exposed to domestic violence.

A Referral Form needs to be completed as fully as possible and returned to educationteesside@brook.org.uk. Please note young people have the right to see their form so bear in mind when completing.

**The young person MUST be aware the referral is being made**

**What happens next?**

Once a referral form is received, you will be notified. Your referral will be considered and if successful, a Brook Practitioner will be assigned to the young person. They will contact the Referrer to arrange a meeting to discuss the young person’s needs and agree the first session time and dates.

\*\* Young people with a learning disability will be given the option to have a support worker or nominated adult join them in their one to one sessions.

If you are unsure about a referral or wish to discuss this in more detail please call in the first instance our Education Coordinator on 07901 910983.

***Please note this is NOT a counselling service***

Email a **password protected** referral form to educationteesside@brook.org.uk and we will respond within 2 working days. Alternatively, you can contact the Education & Wellbeing Coordinator on 07901 910983.

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| **Referrer Details**  |
| Name of referrer |  |
| Job title and agency  |  |
| Address |  |
| Telephone number  |  |
| Email address  |  |
| Date of referral  |  |
| Date received**(FOR OFFICE USE ONLY)** |  |

Please indicate if you have gained consent from the young person to make this referral.

**YES**[ ]  **NO** [ ]

If no please explain why below.

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| **Young Person’s Details** |
| Name: |  |
| Age at the time of referral: |  | Gender: |  |
| First Language:  |  | SEN/Disabilities: |  |
| Is the young Person LAC? |  | Is the young person on a CIN or CP plan? |  |

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| **Please provide a summary of the concern you have, including comments on any vulnerabilities and risk factors.***Please indicate why issues cannot be addressed in a group setting and please give as much information as possible* |
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| **Please describe any positive/protective factors for this young person:** |
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| **Additional Information** |
| *If you are aware of any safeguarding concerns, referrals to other agencies or of police involvement, or any possible identified risks to professionals (e.g. aggression towards agencies by young person/parents,) please provide details:* |

Brook promises to keep your information safe and protect it from being lost, damaged or shared with anyone it should not be.

If you have any questions about the use of your data, you can:

 read our full privacy notice on our
website [www.brook.org.uk/privacy](http://www.brook.org.uk/privacy)

 speak to a member of staff to ask for a paper copy

 contact Brook’s Data Protection Officer at dataprotection@brook.org.uk

 write to us at  Data Protection Officer, Brook, 81 London Road, Liverpool, L3 8JA

By completing this form you agree to our privacy and confidentiality policy.