Please complete **all** parts and return to:

Bright Futures

Community Hub

459 John Williamson Street

South Shields

NE33 5HP

info@brightfuturesne.co.uk

Reason for referral:

CSE Education ISVA/IDVA Young Mums Employment

If Police involvement please provide crime number, OIC contact and date of incident/assault.

*If you have completed your local authority CSE Stage 1 screening toolkit, please attach a copy.*

Clients Name:

Date of Birth:

Gender:

Ethnicity:

Religion:

Disability:

Address including postcode:

Is the address safe to post to?:

Telephone number: (Client or parent/carer?)

Is the telephone number safe to call?:

Additional needs or disability:

GP Name and address:

Referrer Name:

Referring Agency:

Telephone number:

Address:

Email address:

Job Title:

Line managers name:

Line managers contact number and email:

Please provide details and contact information for any professionals involved with the client and/or family:

Is the client pregnant?:

Do they have any children?:

If yes, please provide names and date of birth of child(ren):

If yes, are the child(ren) on any safeguarding plans?:

Is the client enrolled in education?:

School/college details:

Any key workers:

Employment details:

Reason for the referral? (Please include as much relevant detail as possible)

I confirm I have

* Explained to the client that they are being referred to Bright Futures
* Explained to the client the reason they are being referred
* Available to provide a suitable venue for the education work to take place if the client is not in education

Referrer signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete with client before submitting referral.

Please note this is a compulsory pre-evaluation form to help us develop and shape the delivery of our service.

**Pre-Evaluation Form** (Give a score 1-10, 1 being lowest, 10 being highest)

1. I have been feeling confident -
2. I have been feeling good about myself -
3. I have been thinking clearly -
4. I have been dealing with problems well -
5. I have been feeling happy and cheerful -

Does the client have a history of, or require support for (please select all that apply):

**Substance misuse Mental Health (include suicide and self-harm)**

**Violent/aggressive behavior Conviction/offending history**

**Physical Health Neglect/lack of self-care**

**Risk of harm to others English as an additional language**

**Any other risks**

Please provide details:

What support would be beneficial to the client?