

Young Person Social Prescribing Service Referral Form
Ages 10-24

Department/organisation/surgery:

Date of referral:

Name of referrer:

Email:

Position/title:

Department/practice:

Young person information:

Name:

Date of birth:

Email:

Phone number:

Mobile number

Please tick preference:

Phone

Mobile

Do you consent to voicemail being left?

Yes

No

Preferred way of contact (Please tick):

Text

Phone call

Email

Any communication needs:

Disability:

Ethnicity:

Gender:

Religion:

Is this person a carer?

Reason for referral? (Please state):

Any other agencies involved/agency contact information? (Please state):

Are there any issues of risk, for example current self harm/suicidal thinking/drug & alcohol dependency/offending or aggressive behaviour? (Please state):

Does this person give consent to be referred to Youth Link and for information to be passed on to Youth Link for direct contact? Yes No

Signed referrer (if appropriate):

Date:

Please send referral to: stephen.ware@nhs.net or stephen.ware@watfordfc.com (07510 927 143)

Tell us about you:

*Required Information (if you consent to answer)

*Address:

*Are you registered with a doctor within the West Herts Area (Watford/Three Rivers/Dacorum/Hertsmere/St Albans)? Yes No Don't know

Do you have a different name to that on page 1 that you would like us to use? Please state:

Pronouns that you would like us to use:

He/Him She/Her They/Them Prefer not to say Don't know

Other (please state):

Would you like me to use these pronouns in front of others? Yes No

Would you like a follow up with me (in a private conversation) about your pronouns? Yes No

Does your identity match your sex registered at birth? Yes No Don't know

Sexual orientation:

*Are you currently in education, employment, or training? Yes No Don't know

Please state your school/college/training institution:

*Are you under the care of any other mental health/physical health/school or social services? Yes No

If yes please state:

Can we contact these services directly? Yes No

If yes, state which:

*Do you have a disability? Tick all that apply and provide details:

No Physical Hearing Visual Learning Other

Do you have any access needs? (e.g. wheelchair access):

*How would you like to meet with us?

Face to Face (meeting place to be confirmed with you)

Online platform (e.g. Zoom)

***Services that you would like support with:**

Please tick those that apply to you.

Emotional wellbeing

Smoking

Wellbeing/health

Mental health

Diabetes

Education & employment

Bereavement

Heart/cardiovascular

Volunteering

Drugs & alcohol

Physical wellbeing

LGBTQ+ support

Isolation

Weight management

Other

Special educational
needs or disabilities

Both emotional &
physical

Please provide details:

Media activities and communication

Sometimes we, and the partners we work with, visit programmes to take photos and videos of your Young Person. We use this content for marketing, publicity and TV broadcast purposes. Are you happy for your child to take part in media activities?

Yes No

Please tick below to confirm that you are happy to be contacted with information about offers, future courses, the work of the Trust and Watford FC via their marketing company Goodform. Your information will not be passed onto any other third parties.

I agree No Email Post Phone

Signed Young Person (ages 10-24):

Date:

Parent/carer details (Under 18s & vulnerable adults):

Name and pronouns:

Relationship to Child/Young Person:

Email:

Telephone:

Can your Child/Young Person travel safely to meetings/any additional activities on their own? Yes No

Please state mode of travel:

Can we contact your Child/Young Person directly using the information provided above? Yes No

I give permission for photos/media/quotes to be used: Yes No

Parent/carer responsibilities

When you sign this form, you are agreeing to the parent/carer responsibilities:

- Making sure your Young Person can travel safely to and take part in all Trust Programmes.
- Managing your Young Person's medical needs before, during and after the project. Trust staff will NOT administer medication to children, except in an emergency.
- Letting us know should any of your or your Young Person's information changes.
- Making sure that you have read and agree to the legal terms on this form.

Parent Signature:

(Under 18s & vulnerable adults):

Date:

Legal information

Safeguarding

We believe that involvement in Trust activities must never leave participants open to any form of abuse. We have comprehensive safeguarding policies and procedures. Find out more at:

www.watfordfccsetrust.com/about-us/safeguarding/

Data Protection Notice

We will treat all of your personal information with care and will fully comply with the Data Protection Act 2018 and the UK GDPR. We will ask for the appropriate consent where required. We will use your data to monitor performance and progress, and may share it with our funding partners. Find out more information about how we protect your data here:

www.watfordfccsetrust.com/about-us/policies/

Thank you for providing the information above. What's next?



When we receive your referral, we will organise an introductory meeting. In the first meeting we will complete a health quiz which will help us to identify what support may be needed. Following this we will design a plan and organise further meetings (up to 6 meetings) to help you achieve and imbed that plan.



Send the referral to:

Stephen Ware | PT Youth Health & Wellbeing Officer

stephen.ware@watfordfc.com | stephen.ware@nhs.net (07510 927 143)

Watford FC's Community Sports & Education Trust, Vicarage Road Stadium,
Watford, Herts, WD18 0ER

Youth Link opening hours:

Monday: Closed

Tuesday: 10am–4:30pm

Wednesday: 12pm–6:30pm (first three Wednesdays of the month)

Thursday: 1pm–8pm

Friday: 10–4pm

Saturday: 12pm–6:30pm (fourth Saturday of the month)

Sunday: Closed

Out of hours support:

YoungMinds: www.youngminds.org.uk/find-help/get-urgent-help/

If you need urgent help, text YM to 85258 (open 24/7)/online messenger service also available.

Childline: www.childline.org.uk/ Call free on 0800 1111 (quickest way to get through, free phone and wont show on your bill)/online messenger service also available.

Switchboard: www.switchboard.lgbt/ Call 0300 330 0630/online chat options available –
Note: opening times vary.

Samaritans: www.samaritans.org/ Call free 116 123 (open 24/7) / Email options also available.

