

## **Sorted Substance Misuse Referral Form**

Sorted Young People's Substance Misuse Service for Young People in Northumberland.

## The young person must be aware that the referral is being made.

Young Person's Detail	<u>s:</u>	Referral Date:			
Full Name:					
DOB:	Age:				
Gender:					
Contact Address:					
Post Code:					
Accomodation need: S	Settled/ Unsettled/ No fixed ab	ode/ In care/ In secure care			
Telephone Number:					
<b>Contact Details of Pare Name:</b>	ent/Carer:				
Relationship to the You	ung Person:				
Telephone Number:					
-					
Contact details of the r	referrer:				
(Sorted will make contact	ct with referrer prior to any work	being undertaken)			
Name:					
Organisation:					
Telephone number:					
relephone number.					
Reason for referral: (Ba	ackground information, any risk g issues i.e. CSE, any barriers/o	rs to staff, additional needs or difficulties with engagement, other			
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Further information: (please tick below)  Does the Young Person consent to working with Sorted?  □Yes □ No					
Does the young person consent to informing Parents/Carers of this referral?  ☐ Yes ☐ No					
How would the young person prefer to be contacted via:					
☐Telephone ☐ Letter to home address ☐ Text					
Does the young person attend school/college: ☐Yes ☐No If so, where?					
What support would the young person like to receive from Sorted?  Advice and information					
□ Support to cut down/stop using					
☐ They are not sure yet and would just like to talk to someone					
Preferred place and time to be seen?					

## **Substance Misuse Details:**

Substance	Frequency used Daily/weekly	Amount used	How used
Alcohol			
Amphetamines			
Cannabis			
Cocaine			
Ecstasy			
Heroin/Opiates			
Solvents			
Other Please Specify:			

Once completed, please send via email or post to the following:

**Sorted Email:** <u>northumberlandadolescentservices@northumberland.gov.uk</u>

**Post to:** Sorted, Northumberland Adolescent Service, Northumbria House, Manor Walks, Cramlington, Northumberland, NE23 6UR.

If you would like to discuss with the team prior to sending referral please call: 01670 536400

## **Data Protection Privacy Statement**

Northumberland County Council is the sole owner of the information collected by us. The information collected will enable us to provide you with [substance misuse support], we will not provide your personal information to any other external organisation or individual unless it is lawful to do so. Personal data will be held securely, then destroyed in line with our services retention schedule. The [Adolescent Services] Privacy Notice and retention schedules can be found on the Council's website - <a href="https://www.northumberland.gov.uk/About/Contact/Information.aspx">https://www.northumberland.gov.uk/About/Contact/Information.aspx</a>