**PARACHUTE PROGRAMME REFERRAL FORM**

Parachute is a programme for 14-19 year olds who have been identified as needing help in managing conflict in their relationships. Parachute is aimed at young people who may already have a history of resorting to violence to try and solve conflict. They may have a history of frequent conflict at home, in their relationships or at school.

Parachute sessions usually take place within school/college on a 1:1 basis.

*(Occasionally group sessions may be offered at an external venue such the WISH centre.)*

We can offer Parachute to Young People in Blackburn with Darwen, Blackpool and Lancashire however in some cases the sessions may be delivered remotely via Microsoft Teams.

There will be 1 session per week for 10 weeks. Each session takes up to an hour.

If there is current risk then please ensure that the appropriate safeguarding procedures have been followed.

**Before completing the referral please ensure the following:**

|  |  |
| --- | --- |
| **The parent/ carer is fully supportive of the referral (under 16 only).** | YES |
| **The school/college are able to accommodate the sessions.** | YES |
| **The service has been discussed with the young person and are they willing to engage?** | YES |
| **Please indicate if the young person will be able to access the sessions face to face and/or online.**  **Note that in some circumstances we will not be able to offer face to face sessions.** | Face to face    Online |

**Referrer’s details**

|  |  |
| --- | --- |
| Name |  |
| Job role / relationship to YP |  |
| Agency / organisation |  |
| Address |  |
| Contact number |  |
| Email address |  |

**Child / young person’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Young Person’s name |  | AGE  and  DOB |  |
| Address |  | Gender |  |
| Consent from young person? |  | Tel. no |  |

**Parent / carer’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent / carer’s name |  | Legal status (parent, carer, etc.)? |  |
| Address |  | Consent obtained? (if child is under 16) |  |
| Tel. Number |  | Email address |  |

**Details of family structure and relationships (eg siblings, other parent/carers, young person’s relationships, does the young person have any children? Is there anyone that the YP is not allowed contact with?)**

|  |
| --- |
|  |

**Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | British Asian |  |
| Asian - Indian |  | Asian - Pakistani |  |
| British Caribbean |  | Black Caribbean |  |
| Dual heritage, please specify: |  | Other, please specify: |  |

**Sexuality**

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual |  | Gay |  |
| Lesbian |  | Bisexual |  |
| Other |  | Prefer not to say |  |

**School / college**

|  |  |
| --- | --- |
| Name of school / college |  |
| Contact name & details |  |

**GP**

|  |  |
| --- | --- |
| GP name |  |
| Surgery |  |
| Tel no |  |

**Continuum of need**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CAF/early help |  | Lead Professional |  | Tel. |  |
| Child in Need |  | Social Worker |  | Tel. |  |
| Child Protection |  | Social Worker |  | Tel. |  |

**Has the case been heard at MARAC?** If yes, when? .............................................................

**Support Structure – any other professionals involved**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role | Agency | Tel |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Reason for referral – please provide as much detail as possible**

|  |
| --- |
|  |

**Coping strategies (eg self harm, drugs etc)**

|  |
| --- |
|  |

**Any risk to self / others**

|  |
| --- |
|  |

**Disabilities / any additional support needs identified / allergies/ any current medications**

|  |
| --- |
|  |

**Young Person’s Voice –** (where possible in the YP’s words- What does the YP want to achieve from the referral? How does the YP feel about the referral? Is there anything else that the YP wants to tell us?)

|  |
| --- |
|  |

**Signed (referrer) ……………………………………………………….……. Date………………………**

**Signed (parent / carer) …………………………..……………………….. Date………………………**

**Signed (child / young person) ………………………………………….. Date………………………**

Please return the completed form to:

* Email: info@thewishcentre.org
* Fax: 01254 269598

**Office Use Only**

**Received on: / / Added to database: / /**

**Reference Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**