|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PIMM Referral Form** | | | | | | |
| Young Person Being Referred | | | | | | |
| **Surname** |  | | | | | |
| **Forename** |  | | | | | |
| **DOB** |  | | | | | |
| **Gender Identity** |  | **Disability** | |  | | |
| **Address** |  | | | | | |
| **DA in the Home? (**as ACE characteristic**)** | Yes/No/Historic | | | | | |
| **School (if attending)** |  | | | | | |
| **School Exclusion** |  | | **County Lines** | | Yes/No | |
| **NRM Referral** | Yes/No | | **Concern Category** | | | CCE/CSE/Both |
| Lead Professional | | | | | | |
| **Name of lead professional** |  | | | | | |
| **Agency** |  | | | | | |
| Person Making Referral | | | | | | |
| **Name** |  | | | | | |
| **Agency** |  | | | | | |
| **Email address** |  | | | | | |
| **Telephone number** |  | | | | | |
| Reason for Referral - *why are you referring/ what information do you have that is relevant to support the referral/knowledge of any existing support or intervention/risks and harms evident.* | | | | | | |
|  | | | | | | |
| Expectations for Referral | | | | | | |
|  | | | | | | |
| What support does this young person already have in place? e.g., mentor/education etc. | | | | | | |
|  | | | | | | |
| Have they received any educational inputs around exploitation/serious youth violence? | | | | | | |
|  | | | | | | |

|  |  |
| --- | --- |
| Young Persons ethnic origin? | Tick |
| • Arab |  |
| • Asian/Asian British – Bangladeshi |  |
| • Asian/Asian British – Indian |  |
| • Asian/Asian British – Pakistani |  |
| • Asian/Asian British – Chinese |  |
| • Asian/Asian British – Other (please state) |  |
| • Black/African/Caribbean/Black British – African |  |
| • Black/African/Caribbean/Black British – Caribbean |  |
| • Black/African/Caribbean/Black British – Other (please state) |  |
| • Gypsy or Traveller of Irish Heritage |  |
| • Mixed/Multiple Ethnic Groups – White & Asian |  |
| • Mixed/Multiple Ethnic Groups – White & Black African |  |
| • Mixed/Multiple Ethnic Groups – White & Black Caribbean |  |
| • Mixed/Multiple Ethnic Groups – Other (please state) |  |
| • White – English/Welsh/Scottish/Northern Irish/British |  |
| • White – Irish |  |
| • White – Other (please state) |  |
| • Other ethnic group (please state) |  |
| • Prefer not to say |  |

Once all boxes are completed, please send to [Jennifer.ferguson@southglos.gov.uk](mailto:Jennifer.ferguson@southglos.gov.uk) / [Nicola.ford@southglos.gov.uk](mailto:Nicola.ford@southglos.gov.uk)