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| **PIMM Referral Form** |
| Young Person Being Referred |
| **Surname** |  |
| **Forename** |  |
| **DOB** |  |
| **Gender Identity** | Male / Female / Other | **Disability** | ADHD / Autism/ ASD / Other |
| **Address** |  |
| **DA in the Home? (**as ACE characteristic**)** |  |
| **School (if attending)** |  |
| **School Exclusion** | No / FTE / PEXD / Other | **County Lines** | Yes / No |
| **NRM Referral** | Yes / No | **Concern Category** | CSE / CCE / 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.* |
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| Expectations for Referral |
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| 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 |  |