

**Date of referral**

**Client ID Number:**

Office use only

**YOUNG PERSONS REFERRAL**

**All completed Referrals to be returned to ypreferral@dapl.net**

**Is this an appropriate referral for DAPL?**

Use the referral screening matrix below to ensure the young person fits our criteria. The initial presenting issue may hide the wider details. Please ask directly if any of the co-occurring issues are noted as a factor when placing a referral.

**PLEASE RETURN COMPLETED FORM TO enquiries@dapl.net**

**REFERRAL CRITERIA SCREENING**

**Affected by own or onothers substance use**

**Criteria;**

* **Is the young person identified as using alcohol and or drugs?** Yes  No

If yes, baseline criteria met for referral to DAPL for counselling engagement.

* **Is the young person effected by another’s alcohol and or drug use?**  Yes  No

If yes, baseline criteria met for referral to DAPL for counselling engagement.

**Prior to submitting a referral for counselling engagement, have you discussed the Young person’s presenting needs with;**

* CAMHS Primary mental health worker? Yes **☐** No **☐**
* Education Psychologist? Yes **☐** No **☐**
* H&SCP School nurse?Yes **☐** No **☐**

**Pupil Equity**

**Criteria;**

* Is this referral for work commissioned by the school from DAPL through the Pupil Equity Fund (PEF)

Yes  No

If yes, baseline criteria met for referral to DAPL for counselling engagement.

**Emotional well being**

**Criteria;**

* Is the young person presenting as emotionally distressed at the additional

to intensive stage outline within Our minds matter framework? Yes  No

If yes, baseline criteria met for referral to DAPL for counselling engagement.

***Link to Our minds matter framework for your information below*;**

http://publications.fifedirect.org.uk/c64\_OMM\_Framework\_online1.pdf

**YOUNG PERSON’S DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** |  | | | |
| **DOB** |  | | | |
| **YEAR IN SCHOOL (E.G S2 etc)** |  | | | |
| **ADDRESS** |  | | | |
| **TOWN** |  | | | |
| **POSTCODE** |  | | | |
| **TELEPHONE** |  | | | |
| **MOBILE** |  | **OKAY TO TEXT?** | YES | NO |
| **EMAIL** |  | | | |
| **\*ALL OUR MINDS MATTER APPOINTMENTS WILL BE OFFERED IN SCHOOL ONLY.**  **DRUG & ALCOHOL APPOINTMENTS MAY OCCASSIONALLY BE OFFERED OUTWITH SCHOOL**  **IF APPROPRIATE AND RESOURCES ALLOW** | | | | |
| **Please explain the reason for needing appointments outside school.** | | | | |

**REFERRER’S DETAILS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF SCHOOL** | |  | | | | | | | |
| **NAME OF REFERRER** | |  | | | | | | | |
| **EMAIL** |  | | | | **TEL** | | |  | |
| **NAME OF GUIDANCE TEACHER** | |  | | | | | | | |
| **EMAIL** |  | | | | **TEL** | | |  | |
| **NAME OF SOCIAL WORKER IF KNOW** | | | | |  | | | | |
| **EMAIL** |  | | | | **TEL** | | |  | |
| **PARENTS/CARERS AWARE OF REFERRAL?** | | | YES | NO | | LAC | AT RISK REG | | CAMHS |

**PRESENTATION SUMMARY**

Where applicable summarise presenting issues below;

|  |  |  |
| --- | --- | --- |
| PRESENTNG ISSUE | √ | TYPE, AMOUNT, RELATIONSHIP OR ISSUE |
| **DRUGS** | Yes |  |
| **ALCOHOL** | Yes |  |
| **DRUGS & ALCOHOL** | Yes |  |
| **AFFECTED BY ANOTHER’S USE**  **PLEASE SPECIFY**  **PARENT/SIBLING FAMILY MEMBER/PEERS ETC AND SUBSTANCE** | Yes |  |
| **EXPERIENCING MID - HIGH LEVELS OF STRESS, ANXIETY OR EMOTIONAL DISTRESS** | Yes |  |

**IDENTIFIED AREAS FOR CHANGE**

|  |
| --- |
| **Please note key areas of behaviour and or presentation identified for change.** |
|  |

**ADDITIONAL NOTES:**

|  |
| --- |
| **Please note communication needs, access issues or risk factors etc.** |
|  |

**Office use only**

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| Referral screened by: Date: |