

DAISY Referral Form

Drugs, Alcohol Intervention Service for Youth
Please complete in detail all forms attached



<u>For official use only:</u>	
Date Referral Received:	
Referral agent notified by letter <input type="checkbox"/>	
Appointment letter sent:Time:	
Young person/referral agent	
Start Date.....	<input type="checkbox"/> Letter <input type="checkbox"/> Telephone
3 Month Follow up:	

Mentoring Counselling Family therapy Group		Please fill in separate referral form for each young person:
Client Details: Name D.O.B./age Address: Postcode: School: Telephone:		Parent/ Guardian Name: Address: Postcode: Telephone:
GP Contact Information		Name: Tel:
Referrer' Details Name: Address: Postcode: Telephone: Profession:		Are you the main contact? Yes/No If no please give detail of the person who is to be the main contact. Name: Address: Telephone:
Reason for referral, Keep brief: 		

Please be aware that the client has the right to see this form

Please confirm that the young person has agreed to referral being made?	YES/NO
Have parents/guardian been informed of referral?	YES/NO

Is young person currently engaged with another service?	If yes please give details:
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Are you aware of any literacy difficulties?	If yes please give details:
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Is English the young person first language?	Yes/No
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Does the young person have a disability?	If yes please give details
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Additional Information please attach sheet.

Any risk identified? (Suicide, self harm, aggression, substance misuse, other risk taking behaviours) Directly/indirectly affected?	If yes please give details:
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Signed:	How did you hear about this service?
Date:	

Client I.D.

Please return eastern board referrals to:

30-34 Hill Street
Belfast
BT1 2LB

23 Bridge Street
Lisburn
BT28 1XZ

Please return western board referrals to:

29A Strand Road
Derry
BT48 7DL

Anderson House
Market Street
Omagh
BT78 1EE

Telephone eastern 02890435815

Telephone western 02871371162

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DAISY

DAISY services will record provide or receive information in accordance with the Data Protection Act (1998)

Receiving Information

- Personal information held by DAISY is subject to legal duty of confidence and should not normally be disclosed without consent.
- All information received will be treated with respect and regard for confidentiality.

Consent

- If the young person asks that their parents are not informed of the content of their work with us, this must be indicated on the referral form. We will comply with such requests except in circumstances where the staff member believes that information disclosed to them by the young person is of a child protection nature. Disclosure of this type of information will then be made to parents/carers after an attempt has been made by the staff member to have the clients consent to the disclosure and after consultation with a manager.

Giving Information

- Information about the young person will only be given with consent, or when it is assessed that the young person is suffering, or likely to suffer, from significant harm.
- Where information must be shared with relevant individuals/agencies the DAISY Team adhered to the Best Practices Guidelines(Working together to Safeguard Children 2006)
- **It is the responsibility of the referral agent to ensure that the young person can attend all appointments.**

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