**LIAISON AND DIVERSION All Age Service**

***Office number: 01484 436 673***

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| --- | --- |
| **For office use** | |
| **Allocate to** |  |
| **CV** |  |
| **Scanned** |  |

**YOUTH REFERRAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE OF REFERRAL:** |  | **TIME OF REFERRAL:** | |  | |
| **NAME:** |  | **DOB:** | |  | |
| **ADDRESS:**  **POSTCODE:** |  | **GENDER:** | |  | |
| **ETHINICITY:** | |  | |
| **PARENT/CARER ADDRESS IF DIFFERENT** |  | **YOUNG PERSON TELEPHONE NUMBER** | |  | |
| **PARENT/CARER TELEPHONE NUMBER** | |  | |
| **Type of Disposal** | | | | | |
| **FIRST COMMUNITY RESOLUTION** | | |  | |  |
|  | | | | | |

|  |  |
| --- | --- |
| **GP NAME AND ADDRESS** | **SCHOOL / ETE** |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFENCE** |  | **CRIME NUMBER** |  |
| **DATE OF OFFENCE** |  |
| **OFFENCE DETAILS - M.O and short summary of offence circumstances – including dates and victim details**  **PLEASE SEND AS AN ATTACHMENT TO** [**liaisonanddiversionkirklees@wakefield.gov.uk**](mailto:liaisonanddiversionkirklees@wakefield.gov.uk) | | | |

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**LIAISON AND DIVERSION** – Consent to share information

To help us manage your case in the best way you must agree for the Liaison and Diversion Service to share information about you with other agencies and gather information from the relevant agency for the purpose of providing you with support.

This may be with

* Community Intervention Team (CIT)
* Your solicitor
* The Crown Prosecution Service (CPS)
* Probation
* Your doctor
* The police
* The prison service
* Prison healthcare workers
* Or anyone else who we have talked to you about

If we need to do this we will talk to you about it first.

If you do not let us do this, then they may not be able to help you.

Sometimes in special cases we have to give information to other agencies without you agreeing to it but if we have to do this we will try to speak to you about it.

This may be if we have to:-

* Protect children from harm
* Protect adults from harm
* Stop or uncover serious crime
* If the courts say we must
* Help in a life threatening situation

We would also like to share information about you with NHS England, who pay for the Liaison and Diversion team.

It has been explained to me that this will be done confidentially and that the information will be used solely for the purposes of matching with other datasets for the purpose of service planning and evaluation.

This is so we can make sure we give people the best help in the right way.

I give my consent to my personal information being shared with NHS England, Ministry of Justice, NHS Digital and Public Health England and to any of the other people on this form

Signed (client)………………………………………………………………………………….. Date………………….