**Motiv8 Referral Form**

**Please return to:** info@dhimotiv8.org.uk

Motiv8 is a substance misuse service for young people aged 11-18 in Wiltshire.

We provide advice, guidance and one-to-one sessions for young people who are having problems with drugs and/or alcohol. The service is free and confidential, and we aim to provide a flexible and non-judgemental space for young people to be open about the problems they are facing.

**Please complete this form with consent from the young person**

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|  **Referrer’s details** |
| **Name & contact address** |  | **Referring agency:** |  |
| **Telephone number:** |  |
| **E-mail address:** |  |

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| **Young Person’s details** |
| **Name****Address****Inc postcode** |  | **Male Female** |  | **Age** |  |
| **Date of Birth** |  |
| **Ethnicity** |  |
| **For Out of Court Disposals only** | Please indicate what conditions are attached to this referral:Community Resolution………………………..Youth Restorative Intervention…………………………………….Youth Conditional Caution…………………………………………\*Along with this referral please send contract signed by young person and assessment.  | **YP telephone** |  |
| **Young person agrees to referral?** | Yes / No |
| **Parents aware of referral?** | Yes / No |
| **Place of education or work** |  |
| **Parent/guardian details** |
| **Name:** |  |
| **Address:** |  |
| **Phone Number:** |  |

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|  **Known Risk & Vulnerability Factors**  |
| **Child Protection** | **School/college exclusion** | **Pregnant** | **Mental Health** | **Crime/legal** | **Looked After** | **Homeless** |
| Please circle/highlight relevant risk factors and provide details of these or any other risks below: |

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| **Other agencies currently or recently involved** |
| **Contact name** | **Agency** | **Contact details** |
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| **Current / most recent substance use (inc. alcohol)** |
| **Substance?**(what is/has the young person using/used) | **Amount?**(how much – monetary value and/or volume of substance) | **Frequency?**(how often, i.e. daily, weekly, ad hoc) | **When?**(Current, recent, in the past, how long ago?) | **Route** (smoked, drunk, injected, snorted/sniffed) |
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| **Reason for referral** |
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