

Milton Keynes Young Peoples Drug and Alcohol Team

Referral Form

In line with GDPR guidelines the Milton Keynes Young People's Drug and Alcohol Team will not be able to process receipt of this referral without the required information outlined in the privacy notice box below

Privacy Notice Statement

Please note by completing this referral, the Milton Keynes Young Peoples' Drug and Alcohol Team will expect that:

- This referral has been discussed and agreed by the service user
- You consider the service user to have capacity to give informed consent
- You have explained that any information held on this form will be stored by Milton Keynes Council on a secure database

Signed by referrer

Signed by service user

Section 1

Date Received by MKC Drug and Alcohol Team		Date Allocated to Drug and Alcohol Team		Date 1 st Appointment Offered	
Please tick the box below if this referral is for:			Please tick the box below if this referral is for:		
A Young Person affected by their own drug and alcohol use <i>Complete Section 1</i>				A young person affected by someone else's drug and/or alcohol use (i.e. parent/carers) <i>Complete Section 1 & Section 2 if the child is aged 12 or younger</i>	
Details of Referrer					
Name					
Organisation		Relationship			
Address				Postcode	
Landline Tel. Number		Mobile Tel. Number			
Email Address					
Details of Young Person					
Is the Young Person aware of the referral?					
Is the Young Person's Parent/carers aware of the referral?					
Young Persons Signature to Consent to Referral					
Name					
Address				Postcode	
Home Tel. Number		Mobile Tel. Number			
		Name/ Relationship		Mob No	
Date of Birth		Age		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality		Ethnic Origin			
Registered Disabled		<input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Impairment	
Registered with GP		<input type="checkbox"/> Yes <input type="checkbox"/> No		Surgery Name	
Is the Young Person / Does the Young Person Have?		<input type="checkbox"/> CAF/EHA <input type="checkbox"/> CIN		<input type="checkbox"/> CP <input type="checkbox"/> LAC	

How Would the Young Person Like to be Contacted by the MKC Drug and Alcohol Team?	<input type="checkbox"/> Post	<input type="checkbox"/> Home Tel.	<input type="checkbox"/> Mob <input type="checkbox"/> Referrer
Known Substance Issues			
Identified Risks			
Where Would the Young Person Like to Meet?			
When Would the Young Person Like to Meet?			
Would the Young Person Like to be Accompanied?			
Would the Young Person Like the Family to be Offered Support?			
Other Agencies Involved in Supporting the Young Person			
Agency & Practitioner		Contact Tel. Number	
Agency & Practitioner		Contact Tel. Number	
Agency & Practitioner		Contact Tel. Number	
Agency & Practitioner		Contact Tel. Number	
Please send completed referral forms to the Milton Keynes Young People's Drug and Alcohol Team at: ypdaservice@milton-keynes.gov.uk Telephone: 01908 253011			

Section 2

Written Consent from Parent/Carer is required below if the child is aged 12 or under.

Consent		
<p>This form records your consent to collect relevant information about your child and to store this information securely within Milton Keynes Council and to share (when appropriate) with other third parties. Your Young People's Drug and Alcohol Team worker will explain this to you so you can make informed decisions about what is shared and with whom.</p>		
Confidentiality		
<p>No information about your child is ever shared with any other agency without your permission unless it is necessary to keep your child or others safe from harm. If this was the case, we will explain to you why we need to share such information and where possible involve you in how the information is shared. Your child's personal information whether electronic or paper will always be stored securely.</p>		
Information sharing with other agencies		
<p>We will only share information about your child with other agencies/professionals involved in your child's care with your consent unless we believe your child or others are at risk of harm, or we have a legal obligation to release the information to statutory organisations. We will discuss with you which agencies/professionals you consent to us sharing information with. The Young People's Drug and Alcohol Team will actively encourage you to share information where it supports the care/treatment your child is receiving from us and from other professionals. This will ensure that there is good co-ordination and communication between professionals and reduces any unnecessary duplication.</p>		
Consent to Hold and Share Information		
<ol style="list-style-type: none"> As part of your child's care the Young People's Drug and Alcohol Team may need to share information, as appropriate, with other agencies such as Children's Social Care and Education. Please tick to agree to sharing information As described above, the Young People's Drug and Alcohol Team will hold personal details regarding you and your child within their Secure Database. Please tick to agree for Young People's Drug and Alcohol Team to hold your personal information. 		
Parent/Legal Guardian*		
Name:	Signature:	Date: