

Under 16 Years old referral form

# Referral Guidelines

1. This form is to be used when referring a client **UNDER THE AGE OF 16** to Savera UK for additional support. Referral information will be stored with the client file for continued partnership working. Please note Savera UK is not **an emergency service (operate Mon- Fri, 9-5pm).**
2. Savera will provide cultural advice/support to professionals on cases of ‘honour’-based abuse & harmful practice.
3. Please send complete referral form to Savera UK secure email address [**New.referrals@saverauk.cjsm.net**](mailto:New.referrals@saverauk.cjsm.net) ,Alternatively you can EGRESS to send Savera UK Senior Support Worker: [**beatriz@saverauk.co.uk**](mailto:beatriz@saverauk.co.uk) . Any problem, please contact our generic phone on 03301592004

# Professionals Information

|  |  |
| --- | --- |
| **Date** |  |
| **Referrer’s name and organisation:** |  |
| **Role of referrer:** |  |
| **Telephone:** |  |
| **Email:** |  |

# Child/young person information

|  |  |  |
| --- | --- | --- |
| **Name:** | **DOB:** |  |
| **Address:** | | |
| **Gender:** | MALE | FEMALE |
| TRANSGENDER | NON BINARY |
| OTHER | PREFER NOT TO SAY |
| **background/Ethnicity:** |  | |
| **Religion/Faith:** |  | |

# Risk/threats

|  |  |  |
| --- | --- | --- |
| **Is the child at risk of** ‘honour’-based abuse? | YES | NO |
| **Forced Marriage?** | YES | NO |
| **Female Genital Mutilation?** | YES | NO |
| **Other harmful practices that is culture specific or beliefs? Please state below if yes** | YES | NO |
| **Please outline the risk/threats?** | | |
| **Has the child/young person been harmed/under threats by any family or extended family member/s due to resistance or refusal to culture values/beliefs practices?** | YES | NO |
| **Do any family member/s know that the child/young person has raised these risk/threats?** | YES | NO |
| **Do you require Savera UK attendance at HBA and Harmful Practices Safeguarding Strategy meeting?**  **Date of meeting ………………………………………………………………..**  *Please Note Savera UK will require at least 24 hours to attend a Safeguarding Strategy Meeting* | YES | NO |

# Savera UK Advice

|  |
| --- |
| **From the background information that you have supplied on this form or/and attended the HBA Safeguarding Strategy Meeting. Savera UK advice/recommend the following.** |

Advice given by …………………………………………. Job Title…………………………………………………..

Advice approved by……………………………………… Job Title……..…………………………………………….

Sent to ……………………………………………………. Date……………………………………………………….