



Date:

Baobab Centre Number:

Referral Form

Please complete this form as fully as possible, consulting with the young person and others in his/her network as appropriate

Referrer's Details

Name:

Organisation:

Role:

How long have you known the young person?

Address:

Phone number(s):

Email address:

Young Person's Details

Surname:

First name:

DoB:

Gender:

Address:

Phone number(s):

Language spoken:

Interpreter required (please tick): YES NO

Living arrangements (i.e. with carer, in hostel, in own accommodation?):

Email address:

Country of origin:

Date of arrival in UK:

Means of arrival (e.g. alone, with agent, etc):

Asylum Issues

Date of asylum application:

Asylum status, and date of any grants:

Has this young person's age been disputed? YES NO

If yes, please give details:

Any notes on asylum process to date; (e.g. detention, etc) Have they been waiting to hear from the UKVI for some time?

What are the reasons for seeking asylum in the UK?

Does the young person know why they had to leave their home country? YES NO

Solicitor's Details

Name:

Organisation:

Role:

Address:

Phone number(s):

Email address:

NB If a psychological report is requested from the Baobab Centre we will need copies of all letters and documents in relation to the UKBA and in addition any specialist reports or expert reports including country reports.

GP Details

Name:

Surgery:

Address:

Phone number(s):

Social Worker's Details/Details of PA or Keyworker

Name:

Organisation:

Role:

Address:

Phone number(s):

Email address:

Specialist Health Care Details

Name:

Organisation:

Role:

Address:

Phone number(s):

Email address:

Education Details

Name of school or college:

Contact at school or college:

Role (i.e. headteacher, tutor, mentor, head of year, key-worker):

Address:

Phone number(s):

Email address:

Is the young person receiving any specialist help at school or college (i.e. with English as a Second Language or Special Needs support)?

If so, please include the contact details of the relevant professionals.

If the young person is **not** in education please give the reasons why not.

Work Details

Please include any work details if relevant

This is a space for the young person being referred to write in.

Please tell us why you think you are being referred to the Baobab Centre and how you would like us to help you.

Why is this young person being referred to the Baobab Centre?
What are your key concerns for this young person, and what do you consider to be the key themes in their lives?
What are the particular vulnerabilities and strengths of the young person?

This section is very important to enable us to make a careful assessment.
Please complete giving as much detail as possible.

Please give details of this young person's history (please include information on experiences in Home Country before and after exposure to violence, separation or unplanned change and on Journey into Exile).
Please include as much detail as possible.

Please attach additional sheets if you need to.

What do you hope for from the Baobab Centre

(e.g. assessment, being taken on by our community for individual/group psychotherapy and support, a report or another reason)?

Concerns of other significant adults in this young person's life (i.e. teachers, carers, GP foster carers).
What other concerns are being raised about this young person?

Family Whereabouts

Please record details of all the key members of this young person's family, stating whether they are in Britain or elsewhere, disappeared, deceased, etc. (NB many families are divided). Please include as much detail as possible, including contact details where at all possible. Please include mother, father, siblings, grandparents, other extended family to ensure no person is omitted.

Social Involvement and Networks and Community Links

Please record details of all the key members of this young social network, including friends, carers, significant adults and their contact details.

What links has this young person made with their community? We are interested to know about both links with the refugee community, and with the host community. Have they joined any groups, etc?
Are there family or cultural links in Britain that the young person knows of and would wish to make contact with?

Permission to contact others in network
(i.e. after first meeting)

Please tick each box that applies:

- Asylum representative/solicitor
- GP
- Specialist physician
- School/college
- Social Services
- Housing department
- Other relevant agencies (please name)

The Baobab Centre sometimes publishes material to inform others about the experiences of young asylum seekers and refugees in their home country and in exile in Britain.

Would you agree to your story being published with all identifying features being removed?

YES NO

Would you agree to your art materials and narrative being used if your name was removed?

YES NO

NAME:

SIGNATURE:

DATE:

NB For young people aged 16 and under, significant adult to sign

NAME:

SIGNATURE:

DATE:

Relationship to young person:

Risk Assessment

Please click the level of concern on a scale of 1 to 5 (where 5 implies greatest concern)

SUICIDE AND SELF HARM

Does the young person:

Self Harm? YES NO 1 2 3 4 5

Have suicidal thoughts? YES NO 1 2 3 4 5

Has this person made any plans for how they would commit suicide? YES NO

Have there been attempts at suicide in the past? YES NO

If so, how many?

When did they occur?

What was the suicidal behaviour?

Name and contact details of the key worker in relation to suicidal behaviour:

AGGRESSIVE BEHAVIOUR AND HARM TO OTHERS

Does the young person:

Experience aggressive thoughts? YES NO 1 2 3 4 5

Acting out of aggressive thoughts? YES NO 1 2 3 4 5

Is the young person often the victim of aggression or violence, or feels a victim of violence?

YES NO 1 2 3 4 5

Name and contact details of the key worker in relation to aggressive behaviour:

SUBSTANCE ABUSE

Is this young person:

Dependent on alcohol? YES NO 1 2 3 4 5

Dependent on drugs? YES NO 1 2 3 4 5

Which drugs?

PSYCHIATRIC HISTORY

Is the young person currently on medication prescribed by a psychiatrist?

Anti-depressant YES NO Anxiolytic YES NO Anti-psychotics YES NO

LEVEL OF ISOLATION, ALIENATION AND DISCONNECTION FROM THE COMMUNITY

Does this young person have any formal or informal support relationships? YES NO

Who is responsible for monitoring this young person's level of isolation?

Name and contact details:

LIKELIHOOD OF DISAPPEARANCE

Who in the professional/personal networks would notice if this young person disappeared?

Name and contact details: