A picture containing text, clipart

Description automatically generated**LGBT + North East**

**Referral Form**

**Information on service**

LGBT+ North East Service works with young people aged 11 to 25 who require support around their gender identity and/or sexual orientation.

This service is available to young people who live in South Tyneside or County Durham.

Support could include:

* one to one sessions with one of our experienced team
* sexual health guidance
* support to access clinical gender identity services
* the opportunity to meet other LGBT+ young people in your area
* family support
* hate crime reporting
* fun activities and sessions such as sailing, meals, climbing, etc. in a safe space

**Consent**

Young people must consent to being referred.

When a young person is **under 18**, where possible a parent/guardian should also consent. However, we understand this is not always possible. In these situations, we can work with young people **16+** without parental consent.

Where a young person is **under 16**, please contact us to discuss. We will consider assessing whether the young person is Gillick competent (more info [here](https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#heading-top)) and therefore able to receive support without parental consent.  
 **Contact details**

Please return completed form to [lgbt@humankindcharity.org.uk](mailto:lgbt@humankindcharity.org.uk)

If you have any issues completing the referral form or questions, please get in touch:

[lgbt@humankindcharity.org.uk](mailto:lgbt@humankindcharity.org.uk)



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Or write to us at:   
Humankind LGBT+, Inspiration House, Unit 22 Bowburn Industrial Estate, DH6 5PF

**Find out more**

More information about what we do can be found online:

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Description automatically generated <https://humankindcharity.org.uk/service/lgbt-north-east/>

A blue rectangle with a white cross on it

Description automatically generated with low confidence <https://www.facebook.com/lgbtnortheasthk>

**Referral Process**

**Referral Form**

**Young Person’s Details**

**Birth name:** Click or tap here to enter text. **Preferred name:** Click or tap here to enter text.

**Pronouns:** Click or tap here to enter text. **DOB:** Click or tap to enter a date.

**Gender identity:** Choose an item. **Sexual orientation:**Choose an item.

**Does gender identity match sex assigned at birth?** Yes  No  Unsure

**Address/postcode:** Click or tap here to enter text.

**Mobile number:** Click or tap here to enter text.

**Landline number:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Preferred contact method:** Choose an item.

**Is it ok to leave a message (text or voicemail)?** Yes   No

**Equality & Diversity**

**Does the young person have any communication needs?** Yes   No

**If yes, please state:** Choose an item.

**Please provide details:** Click or tap here to enter text.

**Ethnicity:** Choose an item.

**Does the young person have a disability?** Choose an item.

**If yes, please state:** Choose an item.

**If other, please record condition:** Click or tap here to enter text.

**Parent/Guardian Details**

**See above notes on** [**Consent**](#Consent)**.**

**Is parent/guardian aware of the referral?** Yes   No

**If no, please explain:** Click or tap here to enter text.

**Name parent/guardian:** Click or tap here to enter text.

**Address/postcode:** Click or tap here to enter text.

**Relationship:** Choose an item.

**Mobile number:** Click or tap here to enter text.

**Landline number:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Emergency Contact Details**

**Name:** Click or tap here to enter text.

**Relationship to young person:** Choose an item.

**Mobile number:** Click or tap here to enter text.

**Landline number:** Click or tap here to enter text.

**Safeguarding / Risk Management**

**Safeguarding status:** Choose an item.

**Please provide details:** Click or tap here to enter text.

**Please tick any risks which relate to the service user:**

Abuse  Bullying / harassment / hate crime

Home / environment  Isolation from peers / family

Learning disability / difficulty  Lone working

Mental / emotional health  Poor engagement in education / training

Self-harm  Substance misuse

Suicide  Other: Click or tap here to enter text.

**For risks identified please provide details including risk management strategies:**

Click or tap here to enter text.

**Reason for Referral**

**How does the young person’s gender identity / sexual orientation make them feel?**

Click or tap here to enter text.

**What support is the young person interested in?**

Help with Discrimination & Bullying  Emotional Wellbeing

Family / Carer Support  Healthy Relationships

Help with Coming Out / Gender Identity  Help with Coming Out / Sexuality

Information & Resources  Peer Support / Groups

Practical Support\*

**Other:** Click or tap here to enter text.

\*Practical Support could include name change, access to gender identity / development clinics, or access to GP.

**Please provide additional information on support needs identified:**

Click or tap here to enter text.

**Please outline any other information/observations you feel are useful or relevant:**

Click or tap here to enter text.

**Relationships**

**Please record key relationships such as:** GP, School, Social Worker, Lead Professional

**Name of organisation:** Click or tap here to enter text.

**Relationship / Profession:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

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**Name:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Referrer Details**

**Name:** Click or tap here to enter text. **Job title:** Click or tap here to enter text.

**Agency:** Click or tap here to enter text.

**Address/postcode:** Click or tap here to enter text.

**Contact number:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Signature:** Click or tap here to enter text.

**Would you like to receive information about our LGBT+ Training offer?** Yes   No

**Consent**

**Please confirm that the young person has consented to this referral:**

Yes   No

If no, we will return this referral with a request that you gain consent before referring.

**If young person is under 18, please state if parent/guardian has consented to this referral:**

Yes   No

**If no, please outline why the parent/guardian has not consented:**

Click or tap here to enter text.

If the young person is under 16, we will contact you to discuss assessing whether they are Gillick competent.

**The information on this form will be held digitally. It may be shared with other projects and agencies to help the individual. This is in accordance with the Data Protection Act 2018 and compliant with the UKGeneral Data Protection Regulation (UK GDPR*)*.  Please ask to see our Privacy Notice if you would like more information. By making this referral you are agreeing to the above statement.**