

## LGBT + North East

### Referral Form



#### Our 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 County Durham, Sunderland, and South Tyneside.

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.

#### Support does not include:

- Specialist mental health support in relation to issues other than sexuality and/or gender identity. While we can support **LOW** level emotional wellbeing not relating to their gender and/or sexuality, it is important to note we are **NOT** mental health professionals. This is important to tell anyone being referred into the service.
- We also do not offer any kind of specialised therapy or counselling, we refer into other services for this kind of support.

#### Agreement

Young people must agree to being referred.

When a young person is **under 18**, it is helpful when they agree for their parent/guardian to be involved. However, we understand this is not always possible.

In these situations, we can work with young people **16+** without their parent/guardian being involved.

We can work with young people **under 16** without their parent/guardian being involved when they are Gillick competent (more info [here](#)).

#### 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)



01325 731160



Humankind LGBT+, Inspiration House, Unit 22 Bowburn Industrial Estate, DH6 5PF

## Find out more

More information about what we do can be found online:

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

 <https://www.facebook.com/lgbtnortheasthk>

## Referral Process

### Identification

Referrer identifies young person requiring support around their gender identity and/or sexuality.

Referrer speaks to young person, and parent/guardian where possible, providing information and gaining agreement. See above notes on Agreement.



### Referral

Referrer completes referral form, ensuring all information requested is given.

Referrer sends completed referral form to LGBT+ team.



### Referral Received

LGBT+ team check and record referral on database.

Cases are allocated weekly.

Worker contacts young person / parent/guardian (where appropriate) to make initial visit, to take place generally within 2-3 weeks.



### Initial Appointment

Appointment made with young person to explain service and assessment process in more detail.

Privacy pack provided.

Worker will establish if service is relevant / required.



### Service Engagement

Assessment completed and initial support plan agreed.

Referrer informed of outcome.

### No Service Required

Brief intervention or signposting to relevant service.

Referrer informed of outcome.

## Referral Form

### Young Person's Details

**Legal 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 (how the individual identifies currently):** 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.

**Phone 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 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 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 Agreement.**

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

**Does young person agree for them to be involved?** Yes       No

**Does parent/guardian want to be involved?** Yes       No

**If no to any of the above, 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.

**Phone 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                            | <input type="checkbox"/> | Bullying / harassment / hate crime      | <input type="checkbox"/> |
| Home / environment               | <input type="checkbox"/> | Isolation from peers / family           | <input type="checkbox"/> |
| Learning disability / difficulty | <input type="checkbox"/> | Lone working                            | <input type="checkbox"/> |
| Mental / emotional health        | <input type="checkbox"/> | Poor engagement in education / training | <input type="checkbox"/> |
| Self-harm                        | <input type="checkbox"/> | Substance misuse                        | <input type="checkbox"/> |
| Suicide                          | <input type="checkbox"/> | 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?  
(MANDATORY)**

**Leave response here**

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

- |  |                          |                                  |                          |
|--|--------------------------|----------------------------------|--------------------------|
| Help with Discrimination & Bullying    | <input type="checkbox"/> | Emotional Wellbeing              | <input type="checkbox"/> |
| Family / Carer Support                 | <input type="checkbox"/> | Healthy Relationships            | <input type="checkbox"/> |
| Help with Coming Out / Gender Identity | <input type="checkbox"/> | Help with Coming Out / Sexuality | <input type="checkbox"/> |
| Information & Resources                | <input type="checkbox"/> | Peer Support / Groups            | <input type="checkbox"/> |
| Practical Support*                     | <input type="checkbox"/> |                                  |                          |

**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 note that support does not include:**

- Specialist mental health support in relation to issues other than sexuality and/or gender identity. While we can support **LOW** level emotional wellbeing not relating to their gender and/or sexuality, it is important to note we are **NOT** mental health professionals. This is important to tell anyone being referred into the service.
- We also **DO NOT** offer any kind of specialised therapy or counselling, we refer into other services for this kind of support.

**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.

**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.

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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 / relationship to young person:** Click or tap here to enter text.  
**Agency (if relevant):** 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

### **Agreement**

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

Yes  No

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

**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 UK General 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.**

**Please be aware that any mandatory fields left blank or not filled out fully will result in the referral form being returned to the referrer for additional information.**