**ANTI-BULLYING REFERRAL FORM**

**1. YOUNG PERSON’S DETAILS**

**Name: DOB:**

**Address:**

**Post Code:**

**Name & contact details of parent/carer:**

**Do parent(s)/carer(s) consent to this referral? YES/NO**

**Name of School/College they attend:**

**Are School/College aware of the referral? YES/NO**

If YES, please complete Section 3

**2. REFERRER’S DETAILS**

**Name:**

**Relationship to Young Person:**

**Contact Details:**

**Reason for Referral:** *(please provide as much detail as possible)*

**What are your worries for this young person?**

**What is going well for this young person?**

**What needs to happen to support this young person?**

**3. ADDITIONAL INFORMATION**

**If School/College are aware of the referral, what has been done within the school environment to support this young person?**

**Please submit your referral via e-mail to:** **EHAAT@togetherforchildren.org.uk**