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| OFFICE USE ONLY | | |
| Date Triaged… | | **Triaged by…** |
| Action… | | |
| Please complete all sections of this referral with the student present. If incomplete or a referral is needed to an external agency, advice will be given. | | |
| Learner Name (and known as)? | **D.O.B?** | |
|  |  | |
| Student Number? | **Client Aware?** | |
|  | **Y** **N** | |
| Gender or Preference | **Curriculum Area?** | |
| M F Other (please state) |  | |
| Learner Contact Number? | **Can we text/leave a message?** | |
| M  (only the learners contact details) | **Y N** | |
| Can we send a letter to the home address? | **Address or Alternative address** | |
| Y N  If No, please provide an alternative address. This could be the Health & Wellbeing Centre . |  | |
| Any Medical History/ Medication | | |
|  | | |
| Referred by? | **Relationship of Referrer & Contact Number?** | |
|  |  | |
| Is the learner working with any other services i.e. CAMHS, IAPT, TADS etc. | **Is the learner on any waiting list for services i.e. CAMHS, IAPT, TADS etc.** | |
| Y N | **Y N** | |
| If Yes which service? | **If yes which service?** | |
|  |  | |

|  |
| --- |
| **GP Name and Address?** |
|  |
| Re**ason for Referral (in as much detail as possible and use separate sheet if necessary)?** |
|  |
| **Risk…is the learner disclosing thoughts or plans to end their life, thoughts of self-harm or harming others (if this is an EMERGENCY please follow College procedures)**  **(Use separate sheet if necessary)** |
|  |
| **Any additional notes? (Use separate sheet if necessary)** |
| **Emergency/Immediate and High Risk** |
| If a learner’s behaviour presents **life threatening** risk to self or others:   * Call emergency services 999. * Contact the departmental safeguarding representative (DSR), mental health first aider (MHFA) or safeguarding for advice and guidance. * Contact parents, carers or next of kin (age appropriate). * Remain with the individual. |
| **Moderate Risk** |
| **Before 5pm**  If a learner refuses to accept/respond to support or continues concerning behaviour:   * Contact DSR, MHFA, safeguarding or health & wellbeing (HWB) for advice and guidance and remain with the individual. * Contact parent, carers or next of kin (age appropriate). * Refer individual to GP, Child & Adolescent Mental Health Service (CAMHS), Single Point of Access (SPA) or Social Service for learner’s area etc. as appropriate. |
| **After 5pm**  If a learner refuses to accept/respond to support or continues concerning behaviour:   * Contact duty manager for advice and guidance and remain with the individual. * Contact parent, carers or next of kin (age appropriate). * Refer individual to Social Care Out of Hours (child/adult services) for learner’s area, contact NHS 111, Samaritans and/or other agencies. |
| **Low Risk** |
| Where possible respond locally using college procedures.   * Contact DSR, MHFA and Health and Wellbeing for advice and guidance. * Contact parents, carers or next of kin (age appropriate). * Consider if a referral to GP, IAPT, CAMHS or SPA for learner’s area etc. is necessary. * Provide 1:1s with learner to identify the cause of concern and where possible and within control, suggest strategies to reduce triggers. * Identify basic strategies and contact numbers of support agencies. |
| Always ensure whether high, moderate or low risk:   * A Cause for Concern is submitted within 24 hours as a follow up. * Reflect on own and others need for debrief; line manager, counsellor or safeguarding team may provide advice and guidance. |