**HSB Triage Referral Form**

Please complete the below and return to **BandRYOT@Rochdale.Gov.UK** Triage meetings are held on Thursdays between 12pm and 1.30pm and you will be sent a time slot to attend virtually to discuss the case. Can you have referrals in please for 12pm on Tuesday to ensure a slot that week. Any received after this deadline will be given a slot for the following week. At the meeting a decision will be made as to whether this needs to be escalated to a strategy meeting or intervention from another agency is needed if concerns have not all been addressed. Any queries please call the Youth Justice Service on: 01706 925353.

**YOUNG PERSONS DETAILS**

|  |  |
| --- | --- |
| Name: | Dob: |
| Address: |
| Contact Number: |

**REFERRER DETAILS**

|  |
| --- |
| Name of referrer: Organisation:Tel no/Email:Date of Referral: |

**ANY OTHER SERVICES INVOLVEMENT**

|  |
| --- |
| Please list any other professionals/services involved with the child/family: |

**OUTLINE OF CONCERNS**

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| --- |
| What is the shb behaviour/incident of concern? Please provide as much specific information as possible. |

**ACTIONS TAKEN**

|  |
| --- |
| Has this been reported to the police?Has the child/children involved been spoken to?Have Parents been informed?What actions have you taken to address this? |

**SUMMARY & ACTIONS TO BE COMPLETED AT MEETING**

|  |
| --- |
| **Summary:****Actions:****Attendees:****Date:** |