Logo

Description automatically generated

**STRONG YOUNG MINDS**

**YOUNG PERSON’S REFERRAL**

Logo, company name

Description automatically generatedDiagram

Description automatically generated with medium confidence**Please complete all sections and post/e-mail to: Strong Young Minds,  
The CLD Trust,**

**Hereford House, 20 East St, Hereford. HR1 2LU.**

**TEL: 01432 269245**

**E-MAIL:** [**symproject@thecldtrust.org**](mailto:symproject@thecldtrust.org)

If you are feeling worried about yourself, your feelings, your situation with family, friends, relationships, school, training, work, or your health, get in touch with our team using this form.

We offer a range of support, information and activities to help with your mental health and emotional wellbeing.

You can fill in this form whether you are doing so for yourself, as a parent or carer or as a professional working with someone who needs our help – but if you are filling this in for someone else they must be fully aware you are doing it and happy for you to do so. The information you give us on this form will be kept confidential and secure within our organisation.

Please fill in the form and either post it or email it to the contact details above.

**Are you completing this form on someone else’s behalf? YES**  **NO**

**If yes, do they know you are contacting us?** **YES**  **NO**

|  |
| --- |
| **WHO NEEDS OUR HELP?**    **NAME:**  **DATE OF BIRTH**:  **GENDER:** MALE  FEMALE  OTHERPREFER NOT TO SAY    **ADDRESS:**  **POSTCODE:**  **E-MAIL**: **LANDLINE**:  **MOBILE**:  **PREFERRED METHOD OF CONTACT:** |
| **WHO ARE THEY LIVING WITH?**    **NAME**: **RELATIONSHIP**:    **EMAIL: MOBILE:**  **IS THE PARENT/CARER AWARE OF THE REFERRAL**: **YES**    **NO**  If you are referring yourself, it doesn’t matter if they know or not, we will just know to be discreet when we contact you. |
| **WHAT ARE THE ISSUES BEING FACED? Try to give us as much detail as you can so we can help.** |
| **SOME BACKGROUND INFORMATION** (family, health, any other professionals helping) |
| How big does this problem feel? :LOW  MEDIUM  HIGH |
| **ADDITIONAL INFORMATION**  Do they have a disability? YES  NO  Detail:  If yes, is disabled access required? YES  NO  Detail:  Are they a carer (e.g. for sibling or parent/carer?) YES  NO  Are they:  IN EDUCATION?  IN EMPLOYMENT?  IN TRAINING?  UNEMPLOYED? |
| **IS THERE PARTICULAR HELP YOU THINK IS NEEDED?** |
| **REFERRER DETAILS if the referral comes from someone else eg a professional or parent**  **NAME: JOB ROLE/PARENT/CARER :**  **ORGANISATION (if applicable):**  **ADDRESS:**    **TEL:**  **E-MAIL:** |