

**Lancashire Victim Services**

**Tel:   0300 111 0323 Text: NEST 60777 Email: info@nestlancashire.org**

The service will provide support for young people aged between 8-18 years who have been, or are currently, a victim and require support to move forward.  The service will provide fluid and flexible support, offering tailored packages to meet the needs of each individual young person to increase their personal confidence and resilience.

We will listen to YOU.  We will empower YOU to feel more confident. YOU will be in control.

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| **Referrer Details** | | | | |
| Name | Edit text. | | Date | Edit Date |
| Address | Edit text. | Referrer Type | | Choose an item. |
| Phone | | Edit text. |
| Title | | Edit text. |
| Organisation | | Edit text. |
| Support offered | | Choose an item. |
| Email | Edit text. | | | |

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| **Information Sharing:** | |
| Information provided will be recorded on a computer database | Choose an item. |
| YVS may share ***statistical*** information for reporting/evaluation/planning purposes | Choose an item. |
| All information is true and correct at the time of completion | Choose an item. |
| Wherever possible information will not be shared without consent, except for safeguarding purposes | Choose an item. |

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| **Consent:** must be obtained prior to this request being submitted. It is the aim wherever possible to engage parents/carers in the support provided to young victims. If consent cannot be gained, please contact the Young Victim’s Manager. | | | |
| **Signature of referrer detailed above** | Edit text. | | |
| **Signature of Young Person** | Edit text. | Date | Edit Date |
| **Signature of Parent/Carer** | Edit text. | Date | Edit Date |

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| **Young Person Details** | | | | | |
| Name | Edit text. | | | Age | Edit text. |
| Address | Edit text. | | Date of Birth | | Edit Date |
| Gender | | Edit text. |
| Ethnicity | | Choose an item. |
| School / College | | Edit text. |
| Postcode | Edit text. | | Tel/Mob | | Edit text. |
| Email | Edit text. | | | | |
| **Victim of Crime** | | Choose an item. | Disability | | Edit text. |
| **Crime Reference #** | | Edit text. |
| **Judicial System Stage** | | Edit text. | Sexual Orientation | | Edit text. |

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| **Parent / Carer Details** | | | |
| Name | Edit text. | | |
| Address | If different from above | First language | Edit text. |
| Gender | Edit text. |
| Ethnicity | Choose an item. |
| Relationship | Edit text. |
| Postcode | If different from above. | Tel/Mob | Edit text. |
| Email | Edit text. | | |
|  | | Primary Carer | Choose an item. |

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| **Agency Involvement** | | | | | | | |
| CAF | Choose an item. | | | CAF URN | | Edit text. | |
| CAF Lead | Edit Text. | | | Contact # | | Edit text. | |
| (If **YES** please attach a copy of the CAF, along with any relevant TAF meeting minutes to this request.) | | | | | | | |
| LAC | Choose an item. | | | Care Order | | Choose an item. | |
| Other Agencies working with the family | | | | | | | |
| Family member | | Agency | Contact Name | | Contact Number | | Ref # |
| Edit Text. | | Edit Text. | Edit Text. | | Edit Text. | | Edit Text. |
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| **Details of Crime/Criminality /Victimisation** |
| Edit Text. |

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| **Summary of Concerns** |
| Edit Text. |

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| **Support Requested** |
| Edit Text. |

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| **Risk Taking Behaviour / Substance Abuse / Additional Needs – include any risk to others** |
| Edit Text. |

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| **Summary of decision making (Young Victims Use Only)** | | | | |
| Eligible for support | | Choose an item. | Date of Decision | Edit Date |
| Case Allocation | | Choose an item. | Referrer Informed | Edit Date |
|  | |  | Allocation Date | Edit Date |
| MyStar Created | | Edit Date | MyStar # | Edit Date |
| Initial Contact Type | | Choose an item. | Follow Up | Edit Date |
| Summary | Edit text. | | | |
| If no, what action was taken | Edit text. | | | |

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| **Authorised by** | Edit text. |

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| Date | Edit Date |