

VERU REFERRAL FORM

To be completed by any person who may be concerned about a child/young person (up to the age of 25) in relation to Child Exploitation (CE).

Please ensure all mandatory fields marked * are completed before submitted to avoid any delays or your referral being rejected.

Referred Child/Young Person/Vulnerable Adult		
* Forename:	* Surname:	
* DOB:	* Gender	
Ethnicity	Faith/Religion (If disclosed)	
* Registered address	* Residing address	
* Postcode	* Postcode	
Contact number(s)		
Parental/Appropriate Adult Details		
<i>(Under 18's or if the person being referred is considered to a vulnerable adult)</i>		
* Full Name:	* Address:	
* Relationship: (mum/dad/grandparent etc.)		
* Contact number(s):	Email:	
* Has the parent/carer given consent for this referral?	Yes	No
* Does this young person/family require an interpreter?: (interpreter can be arranged if required)	Yes	No
Referring Person/Agency Details		
* Name:	* Agency Name:	
* Address		
* Telephone number	* Email address	
History (background of the person being referred and why they are being referred, eg: concerns about gang association or personal safety)		

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Educational/Alternative Provisions

(school/college/university – please include full address and safeguarding lead details):

Provision Name & Address:	Safeguarding Lead Name:
	Contact details:

* Do you considered this person to be a witness/victim/suspect?			Yes	No
Victim	Witness	Suspect	Other (please state)	

Multi-Agency Support & Involvement

* If the person being referred is known to Social Care, YOT, other local authority services or other agencies, please provide further details below:

*** Local Authority Status (LAC/CIN/CP etc):**

Has the following documents been completed?
(If yes please can you provide an overview of the outcome)

* Bedfordshire Exploitation Toolkit	Yes	No
* National Referral Mechanism (NRM)	Yes	No

Outcome Overview (Bedfordshire Exploitation Toolkit/NRM)

Based on your knowledge of the person, please tick the following boxes as appropriate.

✓			
Safeguarding & Wellbeing (please tick as appropriate and include relevant information)			
	Does the person have a history of mental/chronic ill-health personally or with direct family members?	Yes	No
	Has the person experienced a bereavement/loss, if so when?	Yes	No
	If yes, please indicate when.		
	Does the person have a history of physical or emotional/sexual abuse?	Yes	No
	Do you believe the person poses a risk of harm to others?	Yes	No
	Please provide details.		
	Do you believe the person is at risk of harm from others? Y/N	Yes	No
	Please provide details.		

If you are making this referral on behalf of another person, do you have consent to share this information?		Yes	No
Signature of person making the referral:		Date:	

Office Use Only

Date received:		
Does it meet VERU Criteria?	Yes	No
Support required:	YIS Support/3 Party Agency ect.	
Assigned to:		
Date assigned/referred:		

Please return your completed referral form to VERU@Bedfordshire.pnn.police.uk

Thank you for supporting the VERU in tackling child exploitation.

VERU YIS Team – Youth Intervention Specialist