

## Young Persons Drug and Alcohol Team Referral Form

YPDAT will use this information to result in the young person being offered some form of intervention/treatment from YPDAT or in further advice and guidance being offered to the referrer. All information on the completed forms sent to YPDAT will be treated in accordance with their confidentiality policy, a copy of which is available on request. YPDAT works with young people up to the age of 21yrs old in Southend-on-sea.

### Young Persons Drug and Alcohol Team

Civic 2  
Victoria Avenue  
Southend on Sea  
Essex  
SS2 6ER



T: 01702 534786  
F: 01702 534301  
E: [ypdat@southend.gov.uk](mailto:ypdat@southend.gov.uk)

#### Young Person Details

Do they consent to the referral: Yes  No

Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Postcode:

Phone Number:

Email:

Date of Birth: [Click here to enter text.](#)

Gender: Male  Female

#### Next of Kin Details

Have the Next of kin aware of the referral for assessment: Yes  No

Name: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Relationship to Young Person:

Reason for Referral (Please add any additional background information that may be relevant to the assessment of this young person and where possible their expectations and availability.)

Are there any safeguarding concerns? (Including risk to themselves and others, Social Care involvement, Child Sex exploitation and Child Protection Concerns.)

#### Referrers Details

Name: [Click here to enter text.](#)

Organisation: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Date:

**COMPLETED REFERRALS CAN BE SENT VIA EMAIL [ypdat@southend.gov.uk](mailto:ypdat@southend.gov.uk)  
POST OR FAX TO THE ABOVE YPDAT ADDRESS. FOR FURTHER ADVICE PLEASE CALL THE YPDAT  
TEAM ON 01702 534786**