

Please return to:

DECCA (Drug Education, Counselling and Confidential Advice) Team
Hawthorns House
Halfords Lane
West Bromwich
B66 1BJ
Tel: 0845 838 53 17
Fax: 0121 524 2616

DECCA Team Group Education Referral Form

Please complete this form as fully as possible to ensure that you receive the service that meets the needs of the young people referred.

The information you supply is for use of the DECCA Team and is confidential. It will only be passed to partner organisations with your permission.

The following is a list that constitutes what we define as drugs:

- Any prescribed medication used by anyone it is not prescribed to
- Any medication being misused (flu remedy, cough syrup etc)
- Any controlled or scheduled drug
- Amphetamines (Sulphate known as speed, methyllamphetamine)
- Alcohol
- Anabolic Steroids
- Cannabis (Large variety of slang names)
- Cocaine Hydrochloride (Powder)/Crack Cocaine
- Cigarettes (Tobacco)
- DMT
- GHB
- Herbal Highs
- Ketamine
- LSD (Acid)
- MDMA (Ecstasy)
- Nitrates (Poppers)
- Opiates (Heroin)
- Opiate Substitutes and Blockers (Methadone, Subutex, Naltraxone)
- Phenethylamines (2CB, 2CTI, 2CT7)
- Psilocybin (Magic Mushrooms)
- Qat
- Volatile Substances known as VS (Butane Gas, Solvents, sniff-able products)

This list is not exhaustive. There are always new drugs coming on to the market so this list will constantly be reviewed. Not all of the above are illegal. Alcohol and VS are drugs and should be thought of in this way.

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Section 1

Agreement

We believe each organisation we work with will agree to work with us.

Before you sign this referral form please read the DECCA Team policy carefully. The signing of this referral means you have agreed to work within its boundaries.

The team must receive this referral form before any work commences.

Signed:

Print name:

Date:

Section 2

Details of referring person/agency

Name	<input type="text"/>	Job title	<input type="text"/>
Address of organisation	<input type="text"/>	Tel No	<input type="text"/>
		Mobile Tel No	<input type="text"/>
		Date of referral	<input type="text"/>

Would this be the worker assigned to co deliver with the DECCA Team? **Yes** **No**

If no please give details of worker(s), organisation and address if different from above

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Section 3(a)

Details of intervention required

Please tick if you feel the following would be appropriate to included in an education package delivered by the DECCA Team

- | | | | | |
|--|------------|--------------------------|-----------|--------------------------|
| Factual drug information covering effects, law and nicknames | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Skills to cope in a situation involving drugs | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ICT based work | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Discussion based work | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Training for staff working with young people | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Drug boxes (mock ups of actual drugs) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Section 3(b)

Do you feel any young people have a specific drug issue? **Yes** **No**

(If yes please complete a **DECCA Team Referral Form**)

Do you feel any young people have any special educational needs? **Yes** **No**

If yes please give details

Does the young people regularly attend school? **Yes** **No**

Have the young people ever received any drug education? **Yes** **No**

Are the young people willing to receive education on drug issues? **Yes** **No**

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Section 4

Young peoples details. This list will be used as a register on the day of the session. Additional names can be added on the day if necessary.

Name(s)	Attended the session (Y or N)	Dates of Birth	Ethnicity	Town the young person lives in

Section 4

Additional information

(Please complete on a separate sheet if necessary)

Office use only:

DET Number:
Identified Worker(s):