**SHOT: Healthy Relationship Service – REFERRAL FORM**

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**The Healthy Relationship team provide group work for targeted groups of young people, we are unable to provide blanket RSE sessions so please consider this before making a referral.**

**One Group Per Form**

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| Group/Organisation:  Key Contact:  Address where session will be held: | Preferred Number of Sessions (Max 3 sessions):  Preferred Dates of Session (please provide at least 3 options): | Do any of the young people have Additional Learning Needs?  If Yes, how can we best adapt our work to meet these needs: |
| Number of Young People Attending (Max 20): | Age Range of People Attending: | Session Time & Duration (Max session time 1H): |
| Are there any risks associated with the group that require a risk assessment for the SHOT session? | | |

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| **Sexual Health Issues** | **(Please Tick Below)** |
| Contraception Awareness |  |
| Sexually Transmitted Infection Awareness |  |
| Consent/Sex and the Law |  |
| Identifying Positive Relationships |  |
| Toxic Masculinity and Misogyny |  |
| Sexual Risk Taking (Inc. online) and Risky Behaviours |  |
| General Sexual Health Awareness |  |
| **Other Sexual Health/Healthy Relationships Subjects Not Listed Above:** | |

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| **Reasons for Session:** |
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