**Referral Form**

**Details of the person you are referring**

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| **Name** |  |
| **Date of birth** |  |
| **Gender** (please tick) | Transgender |  |
| Female |  |
| Male |  |
| Other |  |
| Prefer not to say |  |
| **N.I. Number** |  |
| **Address** |  |
| **Type of accommodation** | Parental home |  |
| LAAC (YPC, kinship care, etc.) |  |
| Temporary accommodation |  |
| Private rented |  |
| Council let |  |
| Housing association |  |
| Other (please specify) |  |
| **Phone number(s)** |  |
| **E-mail address** |  |

**Issues affecting the person you are referring**

Please tick as appropriate and provide further information in the space provided.

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| Employment |
| Unemployed or underemployed |  |
| Employment deprived area |  |
| Low income |  |
| Debt issues |  |
| Education |
| Literacy/numeracy support required |  |
| NEET (Not in Education, Employment or Training) |  |
| Low school or college attendance |  |
| Additional support needs |  |
| Housing |
| Looked after and accommodated (including kinship care) |  |
| Previous care experience |  |
| Affected by/at risk of homelessness e.g. hostels, sofa surfing, refuges, unstable at home or risk of violence at home(If you are unsure, please contact us to discuss further.) |  |
| Social |
| Social work involvement |  | Social isolation or exclusion |  |
| Criminal justice issues (e.g. young offender, previous convictions) |  | Caring responsibilities (e.g. young carer) |  |
| Difficulties using public transport or self-travel |  | Other (please specify) |  |
| Health |
| Mental health issues |  | Addiction issues |  |
| Long term health condition/illness |  | Disability |  |
| **Please tick this box if you would like to provide further details over the phone**  |

**Reasons for Referral**

Please outline in the space below why you think you or the person you are referring would benefit from the service.

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**Client and staff safety**

Please provide detail based on your experience about the best way to work with you or the person you are referring. We need to know what issues may be going on that affect you/the person you are referring that pose any risk to anyone’s safety. We also need to know if there are any strategies currently in place that help reduce the risk posed by these issues.

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**Support Networks**

Please provide detail on the people in your life or the people around the person you are referring who provide positive support.

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**Additional Information**

Please provide us with any other information relevant to this referral.

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**Referrer’s details**

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| **Name of referrer** |  |
| **Referral type** (please tick) | I am referring myself |  |
| 3rd party (family, friends, etc.) |  |
| Voluntary/statutory organisation |  |
| **Service referred to.** Please tick. If other/unsure, please call for further information. | Youth and Community Skills |  |
| FareShare (warehouse training) |  |
| Mentoring |  |
| Befriending |  |
| **Relationship to young person** |  |
| **If voluntary or statutory organisation, provide the name of the organisation** |  |
| **Address:** |  |
| **Contact Number(s):** |  |  |
| **E-mail Address:** |  |
| **Date of Referral:** |  |

**\*\*\*\*\* Please note that due to the high amount of referrals for our mentoring service we receive we are monitoring the time that it takes to successfully make contact with referrers. If you make a referral to us and receive a telephone message or email that we have tried to make contact with you please respond as soon as possible. We will attempt to make contact for one month but if we have not been successful the referral will be put on hold and the member of staff will pick up on another referral. We ask for the referrer’s email address as well as a mobile number in the hope that this will speed up the process as we understand many referrers are not always available at the organisation they are based at. If there are any change in circumstances regarding the person you are referring, please get in touch as soon as possible. Thank you.**