



Young People's Service
 Netherton Village Hall
 330-332a Meltham Rd
 Hudds
 HD4 7EX
 Tel/fax: 01484 222842

Young People's Referral Form

Person Making Referral _____	Referral Agency _____
Contact Tel. No _____	Date of Referral _____

Is the Young Person aware of their referral to this scheme?	Yes/No
<u>Young person's details</u>	
Name _____	D.O.B _____ Gender _____
Address _____	Contact Tel. No _____
_____	School _____
_____	Ethnicity ^(see reverse) _____
Religion _____	Known Siblings Brother/s _____ Sister/s _____
Other known Agencies involved with the Young Person	
Agency _____ Worker _____	Phone No. _____
Agency _____ Worker _____	Phone No. _____
Agency _____ Worker _____	Phone No. _____

Reason for Referral _____	

	Level of Risk ^(see reverse) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Other relevant information ^(see reverse) _____	

Who is aware of this Referral? Young Person Yes <input type="checkbox"/> No <input type="checkbox"/> Legal Guardian Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do they have any comments? _____	

Has the young person had any Assessment/s or Action Plan/s done? ^(see reverse)	
Type _____ Date _____	Copy available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type _____ Date _____	Copy available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type _____ Date _____	Copy available? Yes <input type="checkbox"/> No <input type="checkbox"/>

Client commitments (School –HE – Training – Employment.)
When is the Young Person available?

Please tick the main areas in which additional support is needed:--

Behavioural Issues	
Long term non attendee	
Literacy	
Numeracy	
Excluded from school	

Housing	
Parenting skills	
Risk of offending	
Anger management	
Drugs issues	

Mental health issues	
Truancy	
Sexual health issues	
Counselling	
Other	

Consent to Seek / Share Information (Service user / Legal Guardian)

I understand that in order to receive additional support it may become necessary to seek out or share information with other agencies.

Service User  Signature _____ Date _____

Legal Guardian  Signature _____ Date _____

Guardian consent is required for all referrals to the Junior Youth Inclusion Programme

Ethnicity Codes:-

White	British, Irish, European, Other White background
Mixed	White & Black Caribbean, White & Black African, White & Asian, Other Mixed background
Asian	Asian British, Indian, Pakistani, Bangladeshi, Other Asian background
Black	Black British, Caribbean, African, Other Black background
Chinese/Other	Chinese / Other Ethnic group

Level of Risk (This is not a prescriptive list and should only be used as a guide to locate the young person)

Level 3 (One to One) (reasons include)	Permanently excluded – Severe Risk of being Permanently excluded – Looked After but not attending school / engaging in other activities – Actively involved with YOT on an Order – Known to be actively involved in Crime, Drugs, Anti Social Behaviour, Sex Industry or Self Harming –
Level 2 (supported into activities) (reasons include)	Excessive truanting – temporary exclusion – Looked after with occasional truanting / involved in sporadic activities – Involved with YOT within last 3 months – Known to associate with people who are actively involved in Crime, Drugs, Anti Social Behaviour, Sex Industry or Self Harming – Sibling of individual in Level 3 – Parent has expressed difficulties –
Level 1 (information on activities provided) (reasons include)	Occasional Truanting – Low academic standard – Looked after with no concerns about schooling / engages in other activities – Involved with YOT within last 6 months – Known to associate with people who are occasionally involved in Crime, Drugs, Anti Social Behaviour, Sex Industry or Self Harming – Sibling of individual in Level 2 –

Other Relevant Information:- Any other factual information that will be useful / helpful in providing assistance to the individual or prove a risk for workers who engage with the individual (E.G. special health needs, history of violence, sex offender etc.... This information will be treated as confidential.

Assessments / Action Plans include:- Educational Statement, Individual Development Plans, Asset, APIR, Basic Skills Assessment etc....

For use by Young People’s Service Personnel only

Allocated to:-

PAYP	PODIUM	CORAL	TASC	OUTREACH	PLAY	YWD	U PROJECT
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To deliver the best service possible the information on this sheet may be shared with other agencies when appropriate.