|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **My Referral Information**  Section 1.1 Referral information (to be completed by referring agency) | | | | | | | | | |  |
| Referrer details | | | | | | Young Person being referred | | | | | |
| Name | |  | | | | Name |  | | | | |
| Address line 1 | |  | | | | D.O.B |  | | | | |
| Address line 2 | |  | | | | Current Address line 1 | | |  | | |
| Post code | |  | | | | Address line 2 | | |  | | |
| Local Authority | |  | | | | Post code | | |  | | |
| Telephone | |  | | | | Local Authority | | |  | | |
| Job title | |  | | | | Telephone | | |  | | |
| Family composition Please provide as much information as possible | | | | | | | | | | | |
| Mother  Name  Address  Post code  Telephone | | | | | Father  Name  Address  Post code  Telephone | | | | | | |
| Contact plans | | | | | Contact plans | | | | | | |
| Any other important contacts (E.G. grandparent’s , friends etc. | | | | |  | | | | | | |
| Legal status of Young person | | | | | Timescale of order | | | | | | |
|  | | | | |  | | | | | | |
|  | | | | |  | | | | | | |
| Reason for referral (please select from the boxes below) | | | | | | | | | | | |
| Community work | | | Educational support | | Residential accommodation | | | | | Other | |
| What is the focus of work requested | | | | | | | | | | | |
| Focus of work 1 | | | | Focus of work 2 | | | | Focus of work 3 | | | |
| What are the expected outcomes for the above focus of work? | | | | | | | | | | | |
|  | | | |  | | | |  | | | |

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| --- | --- | --- |
| **Educational placements** | | |
| Name of school / college etc. | Dates from to | Outcomes |
|  |  |  |
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|  |  |  |
| **Ycare has a commitment to all its services and we will ask you and your client to provide structured feedback throughout the work. please state your agreement to completing a short feedback telephone call or questionnaire. Yes  No Thank you** | | |
| Please attach recent reports as appropriate | | |
| Name of report | Date compiled | Outcomes |
| SBR |  |  |
| Specialist |  |  |
| Other |  |  |
| Please provide current risk assessment and any current concerns | | |
|  | Concerns | Monitoring |
| Safe |  |  |
| Healthy |  |  |
| Achieving |  |  |
| Nurtured |  |  |
| Active |  |  |
| Responsible |  |  |
| Respected |  |  |
| Included |  |  |