|  |  |  |
| --- | --- | --- |
|  | **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? |
|  |  |  |

|  |
| --- |
| **Educational placements** |
| Name of school / college etc.  | Dates from to | Outcomes  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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** [x]  **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  |  |  |