

REFERRAL FORM

Strictly Private and Confidential – for CYT use ONLY. Information on this form will only be used to assess risk and needs

STUDENT DETAILS

Name:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to say	DOB:	Age:
		NI No.	
Current Living Address:	Borough of residence	Home telephone:	
		Mobile:	
		Email:	

OTHER RELEVANT CONTACTS

Lead Professional Contact (Caseworker; Support worker; CAF)	Name	Contact Number / Email
Referral Agency		
Emergency Contact		

OTHER INFORMATION

Preferred Language:	
Religion:	
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black <input type="checkbox"/> African Black <input type="checkbox"/> Caribbean Black <input type="checkbox"/> Other <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Mixed – White and Asian Mixed <input type="checkbox"/> White and Black African Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Pakistan <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White <input type="checkbox"/> Other Background <input type="checkbox"/> Other	

Document Title: Standard Referral Form	Staff Member Responsible: Training, Development & Curriculum Manager
Version: Final	Review Date: August 2017

RELEVANT INFORMATION (HEALTH & SAFETY)

Please Tick Where Applicable	Tick	Please Provide Details	Have You Attached a Risk Assessment?
Has the Young Person been neglected or abused or subject to a Child Protection Plan?			
Is the Young Person subject to Looked after Status?			
Is there a CAF (Common Assessment Framework) in place for the Young Person? If so, please give details of the Lead Professional.			
Does the Young Person have a history of self-harm?			
Does the Young Person have a history of suicide ideation?			
Does the Young Person have a chronic, enduring or life limiting illness (including mental illness)?			
Does the Young Person have any medically unexplained symptoms?			
Does the Young Person have substance misuse issues (previous or current)?			
Does the Young Person have anger management or other behavioural issues?			
Is the Young Person homeless or from a family that is homeless?			
Is the Young Person from a low income background/household?			
Does the Young Person have parents with problems, including domestic violence, mental and / or physical illness, dependency or addiction?			
Is the Young Person a refugee or asylum seeker?			
Is the Young Person at risk of, and, or have been involved in offending?			
Is the Young Person from minority ethnic or minority cultural backgrounds including travelers?			
Is the Young Person a carer for other person/s			
Does the Young Person have a Disability? e.g. visual impairment, physical impairment			
Does the Young Person have a <u>formal</u> diagnosis of Autism or any other Learning Disability?			
Does the Young Person have any Medical Needs? e.g. Asthma, Epilepsy			
Is the Young Person currently taking any medication? If so please state what and why.			
Does the Young Person have any Learning difficulties? (low literacy skills, ESL)			
Does the Young Person have any allergies?			
Level of Support Required Low / Medium / High			

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<p>It is important to maintain the safety and wellbeing of all students and staff. Please provide any information that can or should be taken into account when identifying any overall risk (e.g. gang affiliation or any other information)</p> <p><i>Please attach risk assessment where relevant</i></p>	
<p>Criminal Convictions Please detail previous and unspent convictions where possible</p>	

EDUCATION

<p>Please state the highest English and Maths Qualification obtained:</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Maths</p>	
<p>Please detail any relevant courses/work experience:</p>	
<p>Areas of Construction Interest:</p>	<p>Do you have a CSCS card:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Please detail any CURRENT training/courses if applicable: (e.g. Foundation Learning)</p>	
<p>CV to be attached with form?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Form completed by (Please print):

Date form completed:

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