



Young Person Referral Form

| ***Client Details*** |  | ***Referrer Details*** |  | ***Payment Information*** |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Referrer name:** |  | **Name:** |  |
| **Address:** |  | **Organisation/Agency/ department (e.g. CAMHS, School):** |  | **E mail:** |  |
| **Phone number:** |  | **Address:** |  | **Address (if different to above):** |  |
| **E Mail:** |  | **Phone number:** |  | **Pay Reference (If applicable):** |  |
| **Parent Carer Name:** |  | **E mail:** |  |  |  |
| **Client Parent Carer Contact Details:** |  | **Funding agreed by (name):** |  |  |  |
|  |  | **Numbers of hours per week:** |  |  |  |
|  |  | **Length of services agreed:** |  |  |  |
|  |  | **Review date for service:** |  |  |  |

| ***Risk factors; (Tick as appropriate) – More detail can be included later*** |  |
| --- | --- |
| ◻ Risky sexual behaviour◻ Loss of parent through death/seperation◻ Contact with care system◻ Contact with criminal justice system self ◻ or family member ◻◻ Family breakdown◻ Abuse - Physical ◻ neglect ◻ sexual ◻ financial ◻ emotional ◻ verbal ◻◻ Housing issues◻ Social communication issues ◻ Traveling in vehicles◻ Internet/communication risks◻ Being in the community/public spaces | ◻ Young carer◻ NEET◻ Learning disability◻ Physical disability ◻ Domestic violence◻ Bullying◻ Substance abuse self ◻ or family member ◻◻ Mental illness self ◻ or family member ◻ ◻ Challenging behaviour◻ Physical violence◻ Self harm |

| ***Referral Information:*** |
| --- |
| **Please provide full information regarding why the client is being referred including brief background/family situation/history. Please include information about risk factors ticked above including extra-familial and contextual safeguarding.**  |

| ***Medical information:*** | ***Other services working with the client:*** |
| --- | --- |
| **Please provide information of any medical concerns and medications, illnesses or disabilities. Please note, we do not administer medications or provide domiciliary (personal) care.**  | **Please give details of any other services or organisations already working with the client e.g. Social Services, CAHMs, Youth Projects, Mental health professionals AND if any formal assessments have taken place (e.g. CAF).** |

| ***Please identify person centred outcomes:*** |
| --- |
| ***1)*** |  | ***3)*** |  |
| ***2)*** |  | ***4)*** |  |

**Initial Risk Assessment**

***Based on your experience of the learner in school, consider the likelihood of these risks happening by the learner with Inclusive Pathways Education.***

| ***Risk Factor*** | ***Date Completed*** | ***No Risk*** | ***Summary of evidence******Provide attachment/s if Medium or High*** | ***Summary of current support in place to mitigate risk*** |
| --- | --- | --- | --- | --- |
| ***Low*** |
|  | ***Medium*** |
| ***High*** |
| ***Physical attack on an adult*** |  |  |  |
| ***Physical attack on a learner*** |  |  |  |
| ***Verbal abuse of an adult*** |  |  |  |
| ***Verbal abuse of a learner.*** |  |  |  |
| ***Drug or alcohol dealing/use around or in the provision.*** |  |  |  |
| ***Damage to property*** |  |  |  |
| ***Stealing*** |  |  |  |
| ***Persistent refusal to follow instructions.*** |  |  |  |
| ***Absconding from provision*** |  |  |  |
| ***Physical harm/danger to self*** |  |  |  |
| ***Other – specify***  |  |  |  |

| ***Are there current safeguarding or child protection issues for this learner*** | ***Yes/ No*** |
| --- | --- |

**Learner Transport Information**

***Based on your experience of the learner in school, please consider the likelihood of these risks happening in transport to and from Inclusive Pathways Education sessions.***

| ***Risk Factor*** | ***No Risk*** | ***Summary of evidence******Provide attachment/s if Medium or High*** | ***Summary of current support in place to mitigate risk*** |
| --- | --- | --- | --- |
| ***Low*** |
| ***Medium*** |
| ***High*** |
| ***Learner has emergency medical needs***  |  |  |  |
| ***Distraction by learner of the driver – verbal or physical*** |  |  |  |
| ***Verbal physical hurt caused by the learner to another passenger***  |  |  |  |
| ***Physical damage by the learner to vehicle*** |  |  |  |
| ***Learner undoes seat belt/tries to open the door without permission***  |  |  |  |
| ***Parent not at home when learner due to be picked up from home*** |  |  |  |
| ***Parent not at home when learner due to be dropped off at home*** |  |  |  |
| ***Learner refuses to get into/out of the transport at provision*** |  |  |  |
| ***Learner refuses to get into/out of the transport at home***  |  |  |  |
| ***Learner refuses to get into/out of the transport at school***  |  |  |  |
| ***Other – specify***  |  |  |  |

| ***Name of person completing the learner risk information***  |  |
| --- | --- |
| ***Role*** |  | ***School*** |  |

**Signature of Referrer:………………………………….**

**Position:………………………………. Date:……………………………………**

**Office Use Only**

| **Received :** | **Assessment Date :** | **Assessment Completed :** |
| --- | --- | --- |
| **Service Start Date:**  |  |  |