

Referral Form

**Referral for a Young Person who requires targeted support**

**Please note when completing a referral form, please keep the information factual and objective. The referral form is kept on the young person’s file; under GDPR the young person has the right to see this information.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name** |  | **Referrer Name** |  |
| **Date of Birth** |  | **Referral Agency** |  |
| **Address** |  | **Position** |  |
| **Tel No** |  | **Referral Tel No** |  |
| **Email** |  | **Referral Email** |  |

**Date of Referral:**

*To refer to YES Youth Employability Service for targeted support, the young person will need to identify with at least 1 group within table 1 and one different group from table 2. Please indicate which groups.*

**Table 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Not in Education, Employment or Training (NEET) |  | Young Carer |  |
| Looked After/In Care |  | Teenage parent caring for own child |  |
| Supervised by YOT |  | Teenage parent not caring for own child |  |
| Care Leaver |  | Learning difficulties and/or disabilities |  |
| Support from Teaching Learning provision (TLP) |  | Substance misuse |  |
| Support from Education Support Behaviour and attendance service (ESBAS) |  | Refugee/Asylum Seeker |  |
| Yr 11 with no September Guarantee |  | Accommodation Issues |  |
| Yr12/13 and at risk of becoming NEET on finishing learning |  | Problem gambling |  |
| Pregnant |  | Other |  |

**Table 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education, Employment and Training** | | **Personal situation and environment** | |
| Non/poor attender |  | In receipt of benefits |  |
| Risk of exclusion |  | Estranged from family |  |
| Maths and/or English below level 2 |  | Poor family support networks |  |
| English as a second language |  | Concerns with accommodation/threat of homelessness. |  |
| Prior unfinished qualification or accreditation |  | At risk of domestic abuse (family or partner) |  |
| Isolated |  | CAF in place for client or sibling |  |
| Low self-esteem/confidence |  | History of family unemployment |  |
| Education, Health and Care Plan or Learning Disability Assessment or Additional Needs Plan |  | Lack of independent life skills. |  |
| Low attainment levels at Key Stage 4 |  | Complex relationships with others  (family, friends, community). |  |
|  |  | Gypsy, Roma or Traveller family |  |
| **Social** |  | **Health** |  |
| Risk of Offending |  | Physical health |  |
| Isolated |  | Sexual health |  |
| Low self-esteem/confidence |  | Mental Health (not working with CAMHS) |  |
|  |  | Alcohol/substance use |  |
| **Other** |  |  |  |
| Emotional wellbeing and identify |  |  |  |
| **Risk Assessment:**  Does the young person have a risk assessment in place from any agency?  Yes No    If you have ticked yes, please provide details these risks assessments place and how YES staff can access these or have a conversation with referrer. | | | |

Please add further information below to establish if the client will be eligible for the service.

Please add what the young person would like to achieve from the service.

**By sending this form you are agreeing to share this information with MY Trust to assess if the young person can access support through the Youth Employability Service.  This information will be processed as described in the relevant privacy notice, otherwise the information will be destroyed within 30 days of receiving.**

**Young person’s signature Date**

**If consent has not been obtained please state the reason**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form by secure email to:**

[**ESYESreferrals@themytrust.org**](mailto:ESYESreferrals@themytrust.org)

**01424 722045/ 01323 410803**

**Or send East referrals by post to: Or send West referrals by post to:**

YESYES

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