

Office use only

Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff name: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use only

Venue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name: :\_\_\_\_\_\_\_\_\_\_\_\_

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Staff Name: :\_\_\_\_\_\_\_\_\_\_\_\_

Date: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| REFERRAL FORM for Youth Project SUPPORT - Personal Details | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details of person making referral | | | | | | | | | | | | | | | | | | | | |
| First Name | | | |  | | | | | | Surname | | | |  | | | | | | |
| Job title/position | | | |  | | | | | | Organisation: | | | |  | | | | | | |
| Relation to young person | | | | | |  | | | | | | | | | | | | | | |
| Contact number | | |  | | | | | | Email | | | |  | | | | | | | |
| intervention information | | | | | | | | | | | | | | | | | | | | |
| Date of referral |  | | | | | | | Type of support recommended | | | | | | | |  | | | | |
| Young Person’s Information | | | | | | | | | | | | | | | | | | | | |
| First name | |  | | | | | | Last name | | | | | | | | |  | | | |
| Date of birth | |  | | | | | | Phone number | | | | | | | | |  | | | |
| Current address | | | | |  | | | | | | | | | | | | | | | |
| City | | | | |  | | | County | | |  | | | | Post code | | | |  | |
| Relation to prisoner | | | | |  | | | Prison | | |  | | | | Email | | | |  | |
| Do you consider yourself to have a disability? | | | | | | | | | | | |  | | | Ethnicity | | | |  | |
| Is the young person currently working with a social worker or any other statutory services? | | | | | | | | | | | | Yes/No | | | **If answered ‘Yes’ please provide details below** | | | | | |
| Name: Organisation: Phone Number: Email: | | | | | | | | | | | | | | | | | | | | |
| Parent/carers Information | | | | | | | | | | | | | | | | | | | | |
| First name | | | | | | |  | Last name | | | | | | | | | |  | | | |
| Relation to young person | | | | | | |  | Phone number | | | | | | | | | |  | | | |
| Email address | | | | | | |  | | | | | | | | | | | | | | |
| Was the consent for this referral given by the parent/carer? ***Written consent is advisable but verbal consent must be confirmed if not possible. Nepacs will keep electronic copies of meetings, interventions and some personal details such as home address and contact details of parent/carer. Please confirm if you agree to this by highlighting ‘Yes’ in the next column*** | | | | | | | | | | | | | | | | | | Yes | | No | |
| If consent has not been received, please state the reason why below | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Please provide some information around the nature of your referral | | | | | | | | | | | | | | | | | | | | |
| **Notes / Concerns / Issues Experienced:** | | | | | | | | | | | | | | | | | | | | |
| **DETAILS OF FOLLOW UP WORK / INTERVENTION / SIGNPOSTING FROM NEPACS** | | | | | | | | | | | | | | | | | | | | |
| Actions taken (with dates) | | | | | | | | | | | | | | | | | | | | |
| Once completed, please send this form via email to the Nepacs youth project at [**youth@nepacs.co.uk**](mailto:youth@nepacs.co.uk)or contact Aelred on **07964 959959 /** [**arobinson@nepacs.co.uk**](mailto:arobinson@nepacs.co.uk)  Once received, Nepacs will give you a call within three working days to discuss the details of the referral and to go through the next steps with parent/guardian/external service   If a successful referral is made into the youth project, Nepacs will send you a follow up report documenting what type of intervention has been offered for the young person and the outcome of this. | | | | | | | | | | | | | | | | | | | | |