

**Referral Form**

**Please return completed form to email: shine@sjmt.org.uk**

***Please note that this form is compliant with the GDPR. Information supplied in this document and associated documents will be treated in line with the Information Governance Policies & Confidentiality Policy SJMT has in place and will remain in a safe and confidential place within SJMT.***

SJMT is committed to the fair treatment of the users of its services, regardless of race, gender, religion, sexuality, responsibilities for dependants, age, physical/mental disability or offending background.

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| Please identify which applies to this young person *(you can mark more than one)***Care Leaver Living independently for the first time** **Care Experienced** **Homeless/at risk of homelessness** **NEET/at risk of becoming NEET****Learning difference (SEND)** |

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| **Young Persons Details**  |
| **Pronouns used by young person:** |  |
| **First or Given Name:** |  |
| **Last or Family Name:** |  |
| **Date of Birth:** |  |
| **Address where they are currently staying (including postcode)** |  |
| **Contact details for the young person** | **Mobile** |  |
| **Email address** |  |
| **Other** |  |
| **Referrer’s Details**  |
| **Name:** |  |
| **Job role:** |  |
| **Agency name:** |  |
| **Contact telephone number:** |  |
| **Contact email address:** |  |
| **Have you discussed this referral with the young person?** | **Yes** | **No** |

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| **Involvement with other agencies**  |
| **Is the young person subject to any safeguarding plans? E.g. CIN, CP, LAC** | **Yes** *(please state)* | Date of next review/meeting | **No** |
| **Agency**  | **Name** | **Contact number** | **Email address**  |
| Personal Advisor |  |  |  |
| Social Worker  |  |  |  |
| School or College |  |  |  |
| Placement details |  |  |  |
| **Other information** |
| **Young person’s strengths, hobbies/interests, abilities, wishes, etc.** *(What is the individual good at? What do they enjoy doing? What would they like to improve? What would they like to do more of?)* |
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| **Young person’s support network** *(Who can they count on? Who visits them often? Who do they miss? Who would they like to see more of? What has been working well until now? Are they working with any other organisations? What places are important to the young person? Do they have a close friend?)* |
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| ***Young person’s needs, challenges, risks, etc.*** *What is preventing the young person from doing what they would like to do? What does this behaviour look like? What would help to reassure this young person? What would this young person like to focus on in the future?*  |
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| **Are there any safety alerts or hazards that our staff members should be aware of?** |
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