**Shine Supporters provide intensive time and support to young people to form a relationship and improve self determination skills, connections, well-being and engagement with learning, education, employment and training.**

**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.

|  |  |
| --- | --- |
| **Please indicate which apply to the child or young person: (x)** | |
| Care Leaver |  |
| LAC |  |
| Homeless (or at risk of becoming homeless) |  |
| NEET (or at risk of becoming) |  |
| Living independently |  |

|  |  |  |
| --- | --- | --- |
| **Child or young persons details** | | |
| Pronouns used |  | |
| First name |  | |
| Last name |  | |
| Date of birth |  | |
| Address where they are currently staying (including postcode) |  | |
| **Contact details for child or young person** | | |
| Mobile number | |  |
| Email address | |  |
| Other | |  |

|  |  |
| --- | --- |
| **Referral agency details** | |
| Name |  |
| Job role |  |
| Agency name |  |
| Contact telephone number |  |
| Contact email address |  |

|  |  |
| --- | --- |
| **Please indicate if you have (x)** | |
| Discussed the service and referral with child or young person |  |
| Discussed the service and referral with parents or carers (if appropriate) |  |
| If no why not? | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate which apply to this child or young person (x)** | | | |
| Child Protection |  | Child looked after Section 31  (care order) |  |
| Child in Need |  | Care Leaver/set to leave care |  |
| Child looked after Section 20 (with parental consent) |  | No care status |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate which apply to this child or young person (x)** | | | |
| Living with parents |  | No fixed abode |  |
| Semi-independent living |  | Foster Care |  |
| Residential placement |  | Temporary accommodation (homeless) |  |
| Living with other family |  | Living independently (tenancy) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other important people involved** | | | |
| Agency | Name (and contact person) | Contact number | Email address |
| Parent/Carer |  |  |  |
| Friends/relatives |  |  |  |
| Social Worker |  |  |  |
| Personal Advisor |  |  |  |
| Placement Details |  |  |  |
| School/College/Alternative provision |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate which apply to this child or young person (x)** | | | |
| Social Emotional Mental Health |  | SEND diagnosis |  |
| Substance misuse |  | SEND (self-identified no diagnosis) |  |
| At risk of exploitation (known push factors identifiable) |  | History of going missing |  |
| **Are there any safety alerts or hazards that our staff members should be aware of? Is there any other information which may be useful?** | | | |
|  | | | |