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| **Referral Date:** |

**YouthBuild Ventures UK Referral Form**

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| **Referral Details:** | |
| **Name:**  **Address:**  **Tel Number:**  **Local Authority:** | **Role:**  **Email:** |

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| **Young Persons Details** | |
| **Name:** | **Telephone:** |
| **Address:**  **Postcode:** | **Borough of Residence** |
| **Date of Birth:** | **Age Today:** |
| **Gender:** | **Religion:** |
| **NI Number:** |  |
| **Current Care Status:** | **Are They a Parent: Yes / No** |
| **Preferred Language:** | **Does This Individual Have a Passport:**  **Yes / No** |
| **Disability (please provide full details):** | |

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| **Ethnicity:** | | | | | |
| **White – British** |  | **White – Irish** |  | **White – Other** |  |
| **Black – African** |  | **Black – Caribbean** |  | **Black – Other** |  |
| **Asian – Pakistani** |  | **Asian – Bangladeshi** |  | **Asian – Indian** |  |
| **Asian – Chinese** |  | **Asian - Other** |  | **Arab** |  |
| **Mixed / Multiple White / Black African** |  | **Mixed / Multiple White / Black Caribbean** |  | **Any Other Mixed / Multiple Backgrounds** |  |
| **Traveller** |  | **Other Ethnic Group** |  | **Prefer Not to Say** |  |

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| **Additional Information** | **Y/N** | **Please detail:** |
| **Are there any safeguarding issues we need to consider? If so, please give details.** | **Y/N** |  |
| **Are there existing assessments of need that we can access? If so, please give details** | **Y/N** |  |
| **Does the YP have anger management or other behavioural issues?** | **Y/N** |  |
| **Does this YP have any criminal convictions?** | **Y/N** |  |
| **Are there any other professionals working with this young person? If so, please give details.** | **Y/N** |  |
| **Does the YP have a formal diagnosis of Autism or any other Learning Disability?** | **Y/N** |  |
| **Does the YP have any substance misuse issues (current or previous)?** | **Y/N** |  |
| **Does the YP have any Learning difficulties?**  **(low literacy skills, ESL)** | **Y/N** |  |
| **Please provide any information that we should can take into account when identifying any overall risk (e.g. gang affiliation, county lines or any other information)** | **Y/N** |  |

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| **Education:** |  |
| **Please detail any relevant courses/work experience:** | **Qualifications Obtained**  **Please list any qualifications or training achieved:** |
| **Does this YP have a CSCS card: YES /NO** | **Does this YP have a current CV? YES / NO**  **If yes. Please attach.** |

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| **Referrer Name:** | **Signed:** | **Date:** |
| **Young Persons Name:** | **Signed:** | **Date:** |