|  |
| --- |
| 1. Referring Body:
 |
| Name of referrer  |  |
| Organisation |  |
| Address |  |
|  |
| Telephone |  |
| Email |  |

|  |
| --- |
| 1. Young Persons details:
 |
| Name |  |
| DOB |  | Age |  |
| Gender |  |
| County |  |
| Address |  |
|  |
| Contact Telephone No |  |
| Email |  |
| Consent | Are Parents happy for us to work with the young person? |

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| 1. Other Agencies Working With The Young Person:
 |
| Agency | Contact Name | Email |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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| 1. Reasons For Referral
 |
| Hours Per week: |  | Days: |  |
|  |

|  |
| --- |
| 1. Desired Outcomes & YP’s interests:
 |
| Desired outcomes | Interests: |

|  |
| --- |
| 1. Has the YP experienced any Adverse Childhood Expereinces (ACE’s):
 |
| Verbal threats/abuse: | Physical harm/abuse: |
| Inappropriate touching/sexual abuse:  | Emotional neglect/ignored: |
| Physical neglect/no food/dirty clothes etc: | Separated/divorced parents: |
| Witnessed abuse to others: | Witnessed alcohol/drugs abuse: |
| Loss of family member/illnesses: | Family member ever gone to prison: |

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| 1. Risk Assessment – Any risks we need to be made aware of:
 |
|  |

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| 1. Invoicing Information:
 |
| Name of Contact |  |
| Organisation |  |
| Address |  |
|  |
| Telephone |  |
| Email |  |

Firstly, thank you for considering YOUTH8 as your chosen youth engagement organisation to work in partnership with.

We will aim to contact you within 1 week of receiving a completed referral, to explain next steps. Please be aware that this Referral will need to be completed electronically and sent to: info@youth8.org

Please circle which project you are referring into(for more info visit [www.youth8.org](http://www.youth8.org)):

 **YOUTH8** **YOUTH8+**