|  |  |
| --- | --- |
| 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? | | |

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

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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: |
|  |

|  |  |
| --- | --- |
| 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](mailto:info@youth8.org)

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

**YOUTH8** **YOUTH8+**