**Futures 4 All West London- Referral Form**

**Post 16 – 24 Participation - Care Leavers Only**

|  |
| --- |
| **Consent** |
| The referral must always be discussed with the young person. Consent for the referral should always be sought from the young person. |

**Fields marked with a \* must be completed.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*Young Person’s (YP) Information** | | | | | |
| \*YP Forename |  | | \*YP Surname |  | |
| \*Date of Birth |  | | Ethnicity |  | |
| \*Address |  | | | | |
| \*Postcode |  | \*Borough | |  | |
| \*YP Mobile |  | \*YP Email Address | |  | |
| \*Preferred Gender Pronoun |  | Is an interpreter needed? | | 🞎 YES | 🞎 NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does the young person have a learning difficulty/disability or any medical conditions?** | | | | |
| Do you consider yourself to have a learning difficulty, disability or health problem? | | 🞎 YES | | 🞎 NO |
| **Please outline the learning needs of the young person:** | | | | |
| Does the young person have an Education, Health and Care Plan (EHCP)? | 🞎 YES | | 🞎 NO | |
| Does the young person have a diagnosed learning difficulty/disability? | 🞎 YES | | 🞎 NO | |
| Is the young person a care leaver? | 🞎 YES | | 🞎 NO | |
| **Please provide information on the young person’s learning difficulty/disability and/or medical condition(s):** | | | | |
|  | | | | |
| **Does the young person have any mental health needs** | | | | |
| 🞎 YES | 🞎 NO | | | |
| If yes, please outline below the young person’s mental health needs, indicating whether these needs are being addressed and by which organisation. | | | | |
|  | | | | |

|  |
| --- |
| **Education and Careers** |
| How long has the young person been NEET for? |
|  |
| What are the young person’s career aspirations? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other agency/service involvement (LA or external) | | | |
| 🞎 YES | | 🞎 NO | |
| **If yes, please state below:** | | | |
| **Social Care Involvement** | **🞎** Care Leaver | | **🞎** Other (Please Specify) |
| **Details of other agencies/services:** | | | |

|  |  |  |
| --- | --- | --- |
| **Additional Information** | | |
| Does the young person have identity documents? | 🞎 YES | 🞎 NO |
| **Tell us a bit about the young person:** e.g. other skills, speech and language, barriers the young person faces to re-enter education, employment or training, what is working well for this young person, etc. **Please detail any safeguarding and/or behavioural needs.** | | |
|  | | |

|  |
| --- |
| **How we use information about the Young Person** |
| **Why we collect and use this information**  We use young people’s data to enable us to carry out statutory functions for which we are responsible, including safeguarding and welfare of children and young people. We also use the information to evaluate, monitor and review service provision and produce statistics and reports which inform decisions made by Pathway Group. Evaluations and statistics are used in such a way that individual young people cannot be identified from them.  We will only share relevant information with our referring partners. This helps us ensure the young person is safe and well and can participate fully in programmes. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | | **Contact Number:** | | |
|  | |  | | |
| **Relationship to young person:** |  | | | |
| **Signature:** |  | | **Date Signed:** |  |

**If you have any questions, please contact Cynthia Martins via email on**[Cynthia.martins@pathwaygroup.co.uk](mailto:Cynthia.martins@pathwaygroup.co.uk) **or via mobile on 07726680894.**