**Referral Form**

*Please use this form if you are referring a Young Person to any of our education or mentoring programmes. Once complete please forward to Jemma Flower:* ***jemma.flower@youngdevon.org***

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| Name of referring agency:  Address:  Postcode: | Name of person making referral:  Telephone:  Email: |

# Young Person’s details:

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| Name: | | Date: | |
| Age: | DOB: | | Male/Female |
| Email: | | Ethnic origin | |
| My address:  My contact number: | | Who shall we contact in the case of an emergency?  Their phone number: | |

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| Reason for Referral: *(please tick one or more)*   * **Mentoring**: Empowering Enterprise (BBO)- one to one intensive support & mentoring (18-24 year olds)   *Plymouth, Newton Abbot, Exeter, Barnstaple and surrounding towns*   * **Mentoring:** #Focus5 (BBO) -one to one intensive support & mentoring (15- 18 year olds)   *Plymouth, Newton Abbot, Exeter, Barnstaple and surrounding towns*   * **Mentoring**: Devon County SFYP- one to one employment & training support (15-18 year olds)   *Plymouth, Newton Abbot, Exeter and surrounding towns*   * **Education**: Independent Living Skills Programme (16-18 year olds)   *Torquay, Plymouth, Exeter and Barnstaple*   * **Education**: Work Based Learning Programme (16-25 year olds)   *Torquay, Plymouth, Exeter and Barnstaple*   * **Education**: Prince’s Trust Team Programme   *Newton Abbot only*  Any additional info: |

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| Young Person’s interests and activities: What are you currently doing? (Include what and who with)  *i.e. Education, Training, Employment, Volunteering Nothing.* |

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| What am I interested in trying out? *(e.g for a career, study, work).* | | |
| PLUMBING / ELECTRCIAN  CONSTRUCTION  PRACTICAL WORK & DIY  GARDENING  CATERING  RETAIL  OTHER Please state…………………………………….. | ART / DANCE  FILM  MUSIC  COMPUTERS/TECHNOLOGY  WEB DESIGN  MARKETING & PR | YOUTH WORK  CHILD CARE  ANIMALS  HAIR & BEAUTY  HEALTH & WELLBEING  SPORTS & OUTDOOR  EDUCATION |

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| Previous interventions by referring agency: |
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| Other agencies involved and any ongoing work: |

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| Does the young person pose any risk to the worker? Yes No  (If Yes, please provide details) |

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| Are there any additional needs affecting the health or safety of this young person that need to be considered? |

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| Young person’s comments: |

**Signed: Date:**