

Referral form : NCG Key worker

For completion by Receiving Agency:

Date referral received	DD	MM	YY	Allocated to:			
Central Referral Panel date	DD	MM	YY	Date of first appointment	DD	MM	YY

REFERRER'S DETAILS

<p>Referring agency</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Contact address</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: center;">Postcode</p>	<p>Name and job title/position of referrer</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Telephone (work) <input style="width: 80%;" type="text"/></p> <p>Telephone (mobile) <input style="width: 80%;" type="text"/></p> <p>Email <input style="width: 80%;" type="text"/></p>
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YOUNG PERSON'S DETAILS

<p>Young person's name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Date of birth <input style="width: 40px;" type="text"/> Age <input style="width: 40px;" type="text"/></p> <p>Contact address</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: center;">Postcode</p> <p>Name of school/college/employer/training provider</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Other details e.g. English as a second language.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>Gender <input style="width: 80%;" type="text"/></p> <p>Ethnicity <input style="width: 80%;" type="text"/></p> <p>Special needs? <input style="width: 80%;" type="text"/></p> <p>Telephone (home) <input style="width: 80%;" type="text"/></p> <p>Telephone (work) <input style="width: 80%;" type="text"/></p> <p>Telephone (mobile) <input style="width: 80%;" type="text"/></p> <p>Email <input style="width: 80%;" type="text"/></p>
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Work already undertaken by referring agency (approaches - what, when, who and outcomes)

Referral NCG Key worker

KNOWLEDGE OF OTHER AGENCY INVOLVEMENT

	Involved?	Information obtained?	Please give details of contact person and information about work done
Youth Service			
Social Services			
Education Services e.g. educational psychology/welfare/ learning mentor, alternative education			
Police			
Child & Adolescent Mental Health			
Health			
Housing			
Voluntary Sector			
YJB (YOT)			
Careers			
Other (specify)			



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REASONS FOR REFERRAL

REFERRER'S RECOMMENDATION FOR ACTION – what do you expect from this referral?

PLEASE GIVE FURTHER DETAILS BELOW ON YOUR RECOMMENDATIONS:

Risk Assessment Provided: Yes No If yes please ensure form completed and attached

PLEASE NOTE THAT IT IS A CONDITION OF THIS REFERRAL THAT THE YOUNG PERSON BE AWARE OF IT AND THAT IT IS SIGNED AND DATED BELOW.

We may have to talk to other agencies about your referral to decide on who is best to support you. Please sign so that we know you are happy for us to do this and to show that you have agreed to this referral being made on your behalf.

YOUNG PERSON'S COMMENTS - what do you think/feel about this and what would you like to happen as a result?

YOUNG PERSON'S SIGNATURE:

DATE:

REFERRER'S SIGNATURE:

DATE: