**JHF Youth Charity**

**Referral Form**

*Please complete all pages and return to:* [*Nicki@thejhf.org*](mailto:Nicki@thejhf.org)

|  |  |
| --- | --- |
| Name of young person |  |
| Address |  |
| Postcode |  |
| Age / Current School Year |  |
| Date of Birth |  |
| Ethnicity |  |

|  |  |
| --- | --- |
| Referring Organisation |  |
| Name |  |
| Position |  |
| Telephone number |  |
| Email |  |
| Source of funding |  |
| Funders contact details |  |

|  |  |
| --- | --- |
| Name of parents / carer |  |
| Relationship to young person |  |
| Address |  |
|  |  |
| Postcode |  |
| Parent/Carer Phone Number/s |  |
| Parent/Carer Email |  |

**Educational Background**

|  |  |
| --- | --- |
| Is the young person currently attending school or any other educational provision? |  |
| Name of most recent school/college/education provision |  |
| Name/ Position of link staff member |  |
| Telephone |  |
| Email |  |

**Information for the most recent academic year:**

|  |  |
| --- | --- |
| Pupil Premium |  |
| LAC/ PLAC |  |
| Attendance % |  |
| Fixed Term Exclusions – no. of |  |
| SEND Register Y/N and reason |  |
| Other: |  |

**Are any of the following in place for this young person? Please tick if applicable and attach a copy of the relevant information so that we can assess our ability to meet the young person’s needs.**

|  |  |
| --- | --- |
| PSP / IEP/ PEP |  |
| Education, Health and Care Plan (EHCP) |  |
| Health Care Plan |  |
| Risk Assessment |  |
| Inclusion Panel Pack |  |

**For tutoring only, please provide the information below and attach the most recent report:**

|  |  |
| --- | --- |
| Reading age: |  |
| Spelling age: |  |
| CAT scores | Verbal: |
| Non Verbal: |
| Quantitative: |
| Spatial: |
| Average: |
| Most recent assessment Data:  (English/ Maths/ Other) |  |

**Additional Support**

**Is there a Child Protection Plan/ Child in Need Plan in Place? YES / NO**

**Are the Police/ YOT working with this young person? YES / NO**

**Please provide contact details of other agencies involved with the young person:**

|  |  |  |
| --- | --- | --- |
| Service | Contact | Email |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| What are the reasons for the referral? |
| If you are specifically interested in one of our mentoring or bespoke provision packages, please specify:   * Mentoring Packages: Transition Coaching, School Support Package, Education, Employment and Training Coaching, Finding the Right Path Mentoring, Gaining Independence. * Therapeutic Packages:  Lego© Therapy, Forest School, Mindfulness, Yoga, Fitness & Nutrition   Please visit www.thejhf.org for more information on the above packages. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| What specific outcomes would you like to see for this young person through JHF support? |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| Please indicate below the number of hours, days and other details you require for this provision. If relevant, please also specify the distribution of hours between mentoring and tutoring, as well as specific subjects requiring support: |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| Are there any particular behaviours or further information that the JHF should be aware of to assist in our risk assessment for this individual? |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Verbal agreement from parent/carer is acceptable at this stage. If the referral is accepted a separate consent form will be sent to the parent / carer.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Referring Organisation** |  | **Date** |  |
| **Signature of Parent / Carer** |  | **Date** |  |

|  |
| --- |
| Thank you for working in partnership with the JHF Youth Charity to inspire and empower young lives.  **Please email your completed referral form to** [**Nicki@thejhf.org**](mailto:Nicki@thejhf.org)  We aim to respond to all referral requests within 2 working days, however please do not hesitate to contact us on the below numbers should you wish to speak to a member of the team straight away:  Office: 01275 873962 Mobile (Nicki Winstone- DSL and Programme Manager): 07472018307  **Please note that a Service Level Agreement will follow to ensure quality and consistency for service users.** |