**JHF Youth Charity**

**Parent Referral Form**

*Please complete all pages and return to:* *hello@thejhf.org*

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

|  |  |
| --- | --- |
| 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 |  |

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

|  |  |
| --- | --- |
| Special Educational Needs and/or Disabilities |   |
| Education, Health and Care Plan (EHCP) |  |
| Health Care Plan |  |
| CAMHs/ Counselling/ YISP |  |
| Police /Youth Offending Team |  |
| Social Care/ Family Support Worker |  |

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

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| --- | --- | --- |
| Service | Contact | Email |
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| What are the reasons for the referral? |
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| Are there any particular behaviours or further information that the JHF should be aware of to assist in our risk assessment for this individual? Eg attendance at school, reasons for dysregulation, emotional triggers |
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| **Signature of Parent / Carer** |  | **Date** |  |

Please tick this box to confirm that you consent to the information on this form being shared with your child’s education provider. The JHF always work in partnership with education providers and we can not proceed with referrals unless this box is ticked.

|  |
| --- |
| Thank you for working in partnership with the JHF Youth Charity to inspire and empower young lives. **Please email your completed referral form to** **Hello@thejhf.org**We aim to respond to all referral requests within 5 working days, however please do not hesitate to contact us on the below number should you wish to speak to a member of the team straight away:Office: 01275 873962 Before commencing any placement we always liaise with current educational providers.**Please note that a Service Level Agreement will follow to ensure quality and consistency for service users.** |