Key4Life Programme Referral Form

Please complete the details below to refer a young person. These details will only be used to contact you or the young person and check eligibility and will never be passed onto a third party.

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| **Referrer’s Contact Information** |
| First name |  | Surname |  |
| Organisation |  | Job Title |  |
| Address  |  |
| City |  | Postcode |  |
| Contact Number |  | Email address |  |
| Relationship to young person |  | Length of time working with young person |  |

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| **Young Person Contact Information** |
| First name |  | Surname |  |
| A.K.A/ Nicknames |  |
| D.O.B (dd,mm,yyyy) |  | Age |  |
| Address  |  |
| City |  | Postcode |  |
| Home telephone number |  | Mobile phone number |  |
| Email address |  |
| Parent/ guardian/ emergency contact name |  | Contact number |  |
| Relationship to young person |  |

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| **Monitoring information** |
| Ethnicity |  | Religion |  |
| Special educational needs – SEN/ LDD – learning difficulties |  | Physical disabilities/ mental health issues |  |
| Does the young person have any medical conditions, allergies or on any medications? (inc. eating disorders) | Yes/ No | Please list |  |

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| **Support Services** |
| The young person is unemployed or out of education | Yes/ No |
| Involvement in other EET (Education, Employment, Training) programmes |  |
| Numeracy/ Literacy level/ support needs |  |

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| **Offence History (if known)** |
| Previous offence history |  |
| Current/ pending charges |  |
| Licence agreements e.g. tag restrictions |  |
| Probation workers details |  |
| Restrictions on areas able to attend |  |
| Any identified risk to worker (please give details) |  |

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| **Consent** |
| Is the young person aware of the referral being made? | Yes/ No |
| Are we able to contact the young person directly? | Yes/ No |

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| **What specific outcomes would the referrer like to see?** |
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**We’d like to occasionally keep in touch with you via email about the vital work we do to support young people, and ways that you can support our work. Would you be happy for us to keep you updated?** Yes/ No

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| Signature |
| Referrer’s signature  |  |
| Date of referral |  |