**Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Young Person’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth & Current Age |  |
| Address |  | Tel & Mobile  Email Address |  |
| Parents/Carers Name/s |  | Contact Details (to be used in an emergency) |  |
| Are the parents/carers aware of the referral and are you happy for us to contact them? | |  | |

**Current Situation**

|  |
| --- |
| Please briefly describe why you would like some 1:1 support from Proud2Be |

**Parents/Carers**

|  |
| --- |
| Are parents/carers aware of this referral and what are their views? |

**Do you consider yourself to have a disability? If so, please provide details below**

|  |
| --- |
|  |

**Health, Safety & Welfare**

|  |
| --- |
| Is there anything relating to the safety and wellbeing of your referral that we should be aware of, for example medical, behavioural, access and communication needs: |

**Supporting Agency Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Who is supporting the referral for the young person |  | If agency please give name and organisation |  |
| Email Address |  | Telephone & Mobile |  |
| Views of the Agency or any further information | | | |

**Multi Agency Details**

|  |
| --- |
| Did this referral come through Early Help?    YES        NO |
| If Yes who is the Lead Practitioner: |
| Has there been any Social Care involvement?     YES        NO |
| If Yes, what in the name of the Social Worker? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Any other agencies young person is or has accessed recent support: | | | | | |
| Agency |  | Contact Details |  | Dates (Approx.) |  |
| Agency |  | Contact Details |  | Dates (Approx.) |  |
| Have any multi-agency meetings taken place?  Date of meeting:  Who attended and outcome of meeting: | | | | | |
| Is the young person part of any clubs/youth groups? | | | | | |
| How did you hear about Proud2Be? | | | | | |

**Please Select Ethnicity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Black** |  | **White** |  | **Chinese or East Asian** |  |
| **Asian** |  | **Mixed Heritage** |  | **Traveller** |  |
| **Eastern European** |  | **Prefer not to say** |  | **Other** |  |

**Signature of Young Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use:**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please send this completed form to [maya@proud2be.co.uk](mailto:maya@proud2be.co.uk). Alternatively, you can post this form to Maya Price, Proud2Be CIC, The Mansion, Totnes, Devon, TQ9 5RP.