**POSITIVE PLACEMENTS REFERRAL FORM** *Please complete as thoroughly as possible.*

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Surname** |  |
| **DOB** |  | **Male/Female/**  **Non-Binary** |  |
| **Address** |  | | |
| **Telephone** |  | **Email** |  |

|  |  |
| --- | --- |
| **Referrer’s details** | ***Do not complete if self-referral*** |
| **Name** |  |
| **Organisation** |  |
| **Telephone** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **How many months has the young person not been in education, training or employment?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What benefits is the young person claiming?** | | | |
| Job Seekers Allowance |  | Child Benefit |  |
| Housing Benefit |  | Child Tax Credit |  |
| Employment Support Allowance |  | Working Tax Credit |  |
| Income Support |  | Universal Credit |  |
| Disability Living Allowance |  | PIP |  |
| Carers Allowance |  | Other |  |

|  |  |  |
| --- | --- | --- |
| **What are the main challenges faced by the young person?** | | |
| Disability |  | |
| Behavioural issues |  | |
| Mental health problems |  | |
| Physical health problems |  | |
| Substance misuse |  | |
| Care status |  | |
| Offending background |  | |
| Young parent or carer |  | |
| Low educational attainment / learning needs |  | |
| Any other information |  | |
| **Please describe any skills and interests** | |  |
| **Skills** | |  |
| **Interests** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please give full contact details of any agencies the young person is currently working with** |  | | |
| **Is the young person aware of this referral?** |  | **Can we contact them directly?** |  |

|  |  |
| --- | --- |
| **Emergency Contact Details** | |
| **Forename(s)** | **Family Name** |
| **Relationship** | |
| **Address**  Postcode | |
| **Telephone numbers**  Home: | Mobile:  Work: |

Included on this form is your personal information (such as contact details) and more sensitive information (such as your health, family history and your support needs from this service). This information will be kept by us securely. When you first meet with us we will give you a privacy notice which sets out your rights about your data that we keep at this service. There are times when people choose not to work with us and in these cases we will destroy this referral form after 6 months.

**Signed ...........................................................................**

**Date ...............................................................................**

**Please email the completed form to:** [positiveplacements@ymcadlg.org](mailto:positiveplacements@ymcadlg.org)