

# Referral Form

POST 16

Please ensure you complete section one for every young person you are referring to The Prince's Trust. Section two is not mandatory but should be used if the young person has any support needs that you feel it is important we are aware of to help ensure we support them appropriately. If the young person is an (ex) offender, please read the <u>Working with Offenders Policy</u> and ensure that you complete section three.

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### **SECTION 1: COMPLETE FOR ALL YOUNG PEOPLE**

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#### **YOUNG PERSON DETAILS**

Name:		Date of birth:			
Address:					
Postcode:	Phone number:				
Email: Prince's Trust programme being referred to:		gramme			
ELIGIBILITY					
Eligible age group (tick as appropriate):					
Recommended Education Age Please complete Qualification	n level question only				
Left Compulsory Education Please complete all sections beau	low				
Employment status (tick as appropriate):					
Not working at all Working less than 16 hours per week Working 16 hours or more per week					
If unemployed, how long for:					
Education status (tick as appropriate):					
Not in education In education or training less than 14 hours per week					
In education or training 14 hours or more per week					
Qualification level:					
Achieved five A*-C GCSEs/ Standard Grades at Credit Level or National Qualification five or equivalent					
Yes No Unknown					
Is the young person in custody? Yes No					

## REFERRAL AGENCY DETAILS

Referral agency:	Type of agency:	
Name(s) of worker(s):	Role(s) of worker(s):	
Address:		
Contact number:	Email:	
Does the young person have any other workers allocated to them from different agencies? If yes please give details:		



## **REFERRAL AGENCY DETAILS** (continued)

Reason for referral			
Why do you wish to refer the young person to The Prince's Trust?			
Other information	<u>'</u>		
Is the young person an (ex) offender? Yes No If yes, complete section 3			
Does the young person have any other support needs? Yes No If yes, complete section 2			

Referrer signature: Please sign or type your name here to confirm that you understand that the information that you are providing in both the Mandatory Information and Optional Information sections of this form is being collected under the Data Protection Act 1998. It will form part of the young person's file and if the young person requests to see information that The Prince's Trust holds on them, under the Data Protection Act 1998, we would release this information.

Name: Date:
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#### **SECTION 2: BACKGROUND DETAILS ABOUT THE YOUNG PERSON**

Please complete if the young person has any support needs we need to be aware of. Please provide as much detail as possible as it helps us assess whether the programme is appropriate for their needs and allows us to adjust our support as relevant for each young person.

Not applicable Which support needs Does the young person have any of the following support needs?: Childcare No Caring responsibilities Yes No Social care involvement Yes No **ESOL** support needs Yes No SEN support needs Yes No Educational needs/learning difficulties Yes No If 'yes', please rate level of educational support needs: Low Medium High Disabilities Yes No Substance misuse Yes No In trouble with the police Yes No **Behaviour** Yes No Other support needs Yes No

Support needs detail Not applicable

Please use this box to provide details for all the support needs where you have ticked 'yes' above:



## **SECTION 3: FOR (EX) OFFENDERS**

If the young person is an offender, please read Working with Offenders Policy and provide the following details:

Offending background						
Does the young person have any unspe	ent convictions?	Yes	1	No		
Details of any unspent convictions:						
Date conviction(s) will become spent:						
Were any of the unspent convictions for						
Serious violence Arson	Sexual offences		Offences	against child	ren	Other
Date of last conviction:						
Length of sentence:						
Number of prison sentences:						
Is there a risk of the young person re-o	ffending? Yes	<b>;</b>	No			
If yes, please rate level of risk:	Lov	v	Medium	High		
Custody details						
Young Offender Institution or Prison Na	ame:					
Prisoner number:						
Earliest date of release:						
Contact address on release:						
Is the young person subject to any elec	ctronic monitoring red	quirem	ents?	Yes	No	
Is the young person subject to a curfev	v?			Yes	No	