  
**If you have any questions or would like assistance in completing this form please contact:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Simon Morley; Practitioner/Director | |  | | Tel: 01157483620/Mob: 07875 122745 | |
|  |  | |  | |

**Referral Details**

|  |  |
| --- | --- |
| Name of referrer\* |  |
| Job title\* (SW/YOS) |  |
| Referrer contact  e-mail\* |  |
| Referrer contact number\* |  |
| Name of Line Manager\* |  |
| Manager contact number |  |
| Local Authority |  |
| **Funding Agreed** | Panel Reference No; |

**Placement Details and Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name\* | Relationship to YP\* | Contact Number\* |
| Parent / Care Giver (1)\* |  |  |  |
| Parent / Care Giver (2) |  |  |  |
| Address |  | | |
|  | | |
|  | | |
|  | Post Code |  |

**Young Person Details**

|  |  |  |  |
| --- | --- | --- | --- |
| YP Name\* |  | | |
| DOB\* |  | Gender | Male |
| Ethnicity\* |  |  | |
| Religion\* |  |  | |
| Disability\* |  |  | |
| SEN |  | | |
| Current agencies involved |  | | |
| Relevant Previous  Interventions |  | | |
| Comments or views of the young person | Please provide any relevant comments | | |

**Case Overview / Behavioural Summary**

Please provide an overview of the case including behavioural details selected above, including the frequency, severity and most recent episodes. Please also state any other relevant concerns or risks**.**

|  |
| --- |
|  |

Date;

**Mixed Foundations Criteria**

Tick all eligibility criteria that apply to the young person – Please provide additional details in the Case Summary

|  |  |
| --- | --- |
| **Criteria – Non Behavioural** | **Demonstrated**  (Please select as appropriate) |
| Young person is living with a parent or care giver | **☐** |
| At risk of entry to care due to anti-social, challenging or offending behavior | **☐** |
| High affiliation with anti-social peers | **☐** |
| At least one episode of short term care in the last 12 months | **☐** |
| Multiple referrals to a range of agencies to support in tackling behaviour | **☐** |

|  |  |
| --- | --- |
| **Criteria – Behavioural** | **Demonstrated**  (Please select as appropriate) |
| Aggressive behaviour (violence, fighting, property destruction) | **☐** |
| Violence within the home directed at parents or siblings | **☐** |
| Permanent exclusion or dropped out of education | **☐** |
| Multiple fixed period exclusions for problem behavior | **☐** |
| Unauthorised absence from school | **☐** |
| Recent criminal behaviour (or suspected) | **☐** |
| Problematic and escalating substance misuse impacting behaviour and / or family | **☐** |
| Running away | **☐** |
| Other high risk behaviours including gang affiliation, drug selling, knife crime, weapons and firearms  Please provide details | **☐** |

**Referred client will be contacted**

**within 5 working days of receipt.**