**YCSW Alternative Education - Referral Form**

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| **Referring agency** |  | | |
| Referrer’s name |  | | |
| Referrer’s contact details |  | | |
| Referral date |  | | |
| **Young person’s details**  Name (inc. preferred name) |  | | |
| Date of birth |  | | |
| Assigned sex at birth | Female Male | | |
| Gender identity |  | | |
| Preferred pronouns |  | | |
| Ethnicity (e.g., White British, Black Caribbean, etc.) |  | | |
| Address (YP) |  | | |
| Contact details for YP |  | | |
| **EHCP (requirement for L4W and P4L)**  SEND practitioner name | Yes / No (delete as appropriate) | | |
| **Parent/carer contact details** |  | | |
| **Current education setting** |  | Year  Group | Attendance  % |

Please note – There are limited spaces on our programmes; a referral does not guarantee a place.

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| Current/previous provision: | **Please tick all additional factors which apply to the young person’s current situation**  Disrupted education  Emotional/mental health challenges  Risk of CSE  Significant health problems  Significant home or family issues  Low emotional resilience  Involvement in risky behaviour  History of poor school attendance, below 85%  Social isolation  Challenging behaviour  History of offending/custody  Addictive behaviour(s) |
| Preferred site (L4W only):  Radstock / Southside youth hub  (Delete as appropriate) |
| Can the young person travel independently, or do they have support with transport? |
| What level is the young person likely to be working towards (if known) or what is the highest-level qualification held? |
| **Please tick all other agencies which are involved with the young person:**  CAMHS  Social Care (please specify team)  Youth Offending Service (YOS)  Project 28  Mentoring Plus  Southside / BAPP | Please list any other professionals involved or any additional information about services working with the young person: |

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| **Supporting information for the referral. Why is the young person being referred to L4W/P4L/ESS?** |
| **Young Person’s comments, what would they like to achieve?** |
| **Is the young person aware of and have they consented to this referral:**    **Young person’s signature (optional) …………………………………………………**  **Referrer signature ………………………………………………….**  **This form contains sensitive information, and it is essential that it is sent by secure means.**  Referrals will **only** be accepted by email from internal B&NES teams and Virgincare – the email address is [Chloe.nicholls-sames@bathnes.gov.uk](mailto:Chloe.nicholls-sames@bathnes.gov.uk) or Altedreferrals@ycsw.org.uk  Referrals can be uploaded to the secure GLOBALSCAPE (Youth Connect) folder.  If you do not have access to either of these 2 secure electronic methods please send by post to:  Youth Connect South West, Southside Youth Hub, Kelston View Whiteway Bath BA2 1NR  YCSW will hold information you have provided on this form securely on an electronic database. By completing this form you agree to share your information with YCSW staff. |