 **Referral Form**

Please complete the form in full and return to **Punarwasu Kapgate (Wasu)** at **RISE@ch1889.org**

Feel free to call Wasu on **07485931201** with any queries you may have about the RISE programme.

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| **Tick the box if this is a self-referral ☐** |
| **Details of Worker Making the Referral** |
| **Name of Worker** |   |
| **Job title** |   |
| **Name of organisation** |   |
| **Telephone number** |   |
| **Email address** |   |
| **Details of Young Person Being Referred** |
| **Name** |   |
| **Date of Birth** |   |
| **Gender & Pronouns**  |   |
| **Address** |   |
| **With whom does the Young Person live?** |   |
| **Employment / Education / Training Status** | In full-time employment |  ☐ |
| In part-time employment |  ☐ |
| In full-time education or training |  ☐ |
| In part-time education or training |  ☐ |
| Not in employment, education or training |  ☐ |
| **Young Person's Support Requirements** |
| **Please provide information on the support needs required by the Young Person.****Please provide information on the support needs required by the Young Person.** | **Please tick against each area of support that applies to the Young Person** | **Please provide details against each area that has been ticked** |
| **‘Soft’ Skills and Social Skills** (Confidence, Teamwork, Motivation, Communication Skills, Resilience) | ☐ |   |
| **Behaviour Management**(Conflict resolution, Anger control, Emotions regulation) | ☐ |   |
| **Mental Health Concerns** | ☐ |   |
| **Physical Health Concerns** | ☐ |   |
| **Learning Disabilities / Difficulties** | ☐ |   |
| **Not in Employment, Education or Training (or at risk of Exclusion)** | ☐ |   |
| **Substance Misuse** | ☐ |   |
| **Victim of Abuse / Bullying** | ☐ |   |
| **Criminal / Anti-Social Activity / Gang-Affiliation** | ☐ |   |
| **LGBTQI Support Needs** | ☐ |   |
| **Destructive Relationships**(Fractured family life, Abusive partners, Lack of positive peer support) | ☐ |   |
| **Other Support Needs**(Please provide a summary) | ☐ |   |
| **From which organisations does the Young Person currently receive support? (statutory and non-statutory)** |   |
| **Previous History of Support?****(statutory and non-statutory)** |  |
| **Is the young person in care or a care leaver?** | Currently in Care ☐ | Care Leaver | ☐ | Never been in Care ☐ Has a Social Worker ☐ |
| **Is the young person a parent or a carer?** | Parent ☐ | Carer ☐ |   | To whom does the Young Person provide care? …………………………………………………………………………………. |
| **Is the Young Person involved with a Youth Offending Team?** |   | Yes ☐ |  | No ☐ |
| **Safeguarding Concerns** |
| **To ensure the safety of all staff and participants of the RISE programme, please provide details of any significant risk posed by/to the Young Person.(Please provide detailed comments to support our priority of keeping all members of the programme as safe as possible)** | **Please tick against each Safeguarding Concern that applies to the Young Person** | **Please provide details against each area that has been ticked** |
| **Regular Substance Misuse** | ☐ |   |
| **Acts of Violence** | ☐ |   |
| **Gang Participation**(if known, please provide the gang name - this will remain highly confidential, it will just help us to implement specific safeguarding measures) | ☐ |   |
| **Areas of London in which the young person feels unsafe** | ☐ |   |
| **Other Safeguarding Concerns** | ☐ |   |
| **Any additional information that may affect the young person's experience of the RISE youth programme should be noted below.** |
|   |
| **Young Person's Permission to Disclose Information to a Third Party** |
| **Please provide your signature and tick the box to confirm that you have obtained the Young Person's permission for us to contact them directly by phone.**  | ☐ ……………………………………………………………… |
| **Please provide the telephone number on which we can reach the Young Person.** |   |
| **Today's Date** |   |

**Thank you. We will contact you within 2 working days to discuss your referral.**