 **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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.**