



# Referral Form



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

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

<b>Tick the box if this is a self-referral</b> <input type="checkbox"/>	
<b>Details of Worker Making the Referral</b>	
<b>Name of Worker</b>	
<b>Job Title</b>	
<b>Name of Organisation</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	
<b>Further Involvement</b>	<p>How long have you been involved with this young person? When would the involvement end?</p> <p>Would you like to have a bi-monthly/quarterly check-in in regards of YP's involvement with RISE and your organisation?</p> <p><input type="checkbox"/> Yes, I prefer to do it through email, call or online meeting.</p> <p><input type="checkbox"/> Yes, I prefer to do it through in-person meeting.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Others: .....</p>
<b>Details of Young Person Being Referred</b>	
<b>Name</b>	
<b>Date of Birth</b>	
<b>Gender &amp; Pronouns</b>	
<b>Address</b>	
<b>With whom does the Young Person live?</b>	
<b>Emergency Contact</b>	
<b>Employment / Education / Training Status</b>	In full-time employment <input type="checkbox"/>
	In part-time employment <input type="checkbox"/>
	In full-time education or training <input type="checkbox"/>
	In part-time education or training <input type="checkbox"/>
	Not in employment, education or training (NEET) <input type="checkbox"/>
<b>Education/Employment Organisation (Optional)</b>	
<b>Young Person's Support Requirements</b>	

	Please tick against each area of support that applies to the Young Person	Please provide details against each area that has been ticked
Please provide information on the support needs required by the Young Person.	<b>'Soft' Skills and Social Skills</b> (Confidence, Teamwork, Motivation, Communication Skills, Resilience) <input type="checkbox"/>	
	<b>Behaviour Management</b> (Conflict resolution, Anger control, Emotions regulation) <input type="checkbox"/>	
	<b>Mental Health Concerns</b> <input type="checkbox"/>	
	<b>Physical Health Concerns</b> <input type="checkbox"/>	
	<b>Learning Disabilities / Difficulties</b> <input type="checkbox"/>	
	<b>Not in Employment, Education or Training (or at risk of Exclusion)</b> <input type="checkbox"/>	
	<b>Substance Misuse</b> <input type="checkbox"/>	
	<b>Victim of Abuse / Bullying</b> <input type="checkbox"/>	
	<b>Criminal / Anti-Social Activity / Gang-Affiliation</b> <input type="checkbox"/>	
	<b>LGBTQI Support Needs</b> <input type="checkbox"/>	
	<b>Destructive Relationships</b> (Fractured family life, Abusive partners, Lack of positive peer support) <input type="checkbox"/>	
	<b>Other Support Needs</b> (Please provide a summary) <input type="checkbox"/>	

<p>From which organisations does the Young Person currently receive support? (statutory and non-statutory)</p>		
<p>Previous History of Support (statutory and non-statutory)</p>	<p>Are there any other professionals involved that we can be in contact with to better support the YP in the future?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Contact Name:          .....</p> <p>Contact email &amp; phone number:          .....</p>	
<p>Is the young person in care or a care leaver?</p>	<p>Currently in Care <input type="checkbox"/> Care Leaver <input type="checkbox"/> Never been in Care <input type="checkbox"/> Has a Social Worker <input type="checkbox"/></p>	
<p>Is the young person a parent or a carer?</p>	<p>Parent <input type="checkbox"/> Carer <input type="checkbox"/></p>	<p>To whom does the Young Person provide care?          .....</p>
<p>Is the Young Person involved with a Youth Offending Team?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p><b>Safeguarding Concerns</b></p>		
<p>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.</p> <p>(Please provide detailed comments to support our priority of keeping all members of the programme as safe as possible)</p>	<p>Please tick against each Safeguarding Concern that applies to the Young Person</p>	<p>Please provide details against each area that has been ticked</p>
	<p><b>Regular Substance Misuse</b> <input type="checkbox"/></p>	
	<p><b>Acts of Violence</b> <input type="checkbox"/></p>	
<p><b>Gang Participation</b>          (if known, please provide the gang's name - this will remain highly confidential, it will just help us to implement specific safeguarding measures) <input type="checkbox"/></p>		

	<b>Areas of London in which the young person feels unsafe</b> <input type="checkbox"/>	
	<b>Other Safeguarding Concerns</b> <input type="checkbox"/>	

**Any additional information that may affect the young person's experience of the RISE youth programme should be noted below.**

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**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 and whose number it is 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.**