**Referral Form**

*Please use this form if you are referring a Young Person to any of our education or mentoring programmes. Once complete please forward to Jemma Flower:* ***jemma.flower@youngdevon.org***

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| Name of referring agency:Address:Postcode: | Name of person making referral:Telephone:Email: |

# Young Person’s details:

|  |  |
| --- | --- |
| Name:  | Date:  |
| Age: | DOB: | Male/Female |
| Email:  | Ethnic origin  |
| My address:My contact number: | Who shall we contact in the case of an emergency?Their phone number:  |

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| Reason for Referral: *(please tick one or more)** **Mentoring**: Empowering Enterprise (BBO)- one to one intensive support & mentoring (18-24 year olds)

*Plymouth, Newton Abbot, Exeter, Barnstaple and surrounding towns** **Mentoring:** #Focus5 (BBO) -one to one intensive support & mentoring (15- 18 year olds)

*Plymouth, Newton Abbot, Exeter, Barnstaple and surrounding towns** **Mentoring**: Devon County SFYP- one to one employment & training support (15-18 year olds)

*Plymouth, Newton Abbot, Exeter and surrounding towns** **Education**: Independent Living Skills Programme (16-18 year olds)

*Torquay, Plymouth, Exeter and Barnstaple** **Education**: Work Based Learning Programme (16-25 year olds)

*Torquay, Plymouth, Exeter and Barnstaple** **Education**: Prince’s Trust Team Programme

*Newton Abbot only* Any additional info: |

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| Young Person’s interests and activities: What are you currently doing? (Include what and who with) *i.e. Education, Training, Employment, Volunteering Nothing.* |

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| What am I interested in trying out? *(e.g for a career, study, work).* |
| PLUMBING / ELECTRCIANCONSTRUCTIONPRACTICAL WORK & DIYGARDENINGCATERINGRETAIL OTHER Please state…………………………………….. |  ART / DANCEFILMMUSICCOMPUTERS/TECHNOLOGY WEB DESIGNMARKETING & PR | YOUTH WORKCHILD CAREANIMALSHAIR & BEAUTYHEALTH & WELLBEINGSPORTS & OUTDOOREDUCATION |

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| Previous interventions by referring agency: |
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| Other agencies involved and any ongoing work: |

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| Does the young person pose any risk to the worker? Yes No(If Yes, please provide details) |

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| Are there any additional needs affecting the health or safety of this young person that need to be considered? |

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| Young person’s comments: |

**Signed: Date:**