**CONFIDENTIAL**

Address: 124 Kilmorie Road, Forest Hill, London, SE23 2SR

​Telephone: 0208 291 9771

**Please email this form, once completed, to:** **info@younglewisham.org.uk**

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| **Details of Referred Young Person** |
| First name: | Surname: |
| Date of Birth: | Gender:  |
| Home Address:  | Postcode: |
| Name of School/College/Agency:   | Year Group: |

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| **Risks/Needs of Young Person** **Medical Condition(s) of Young Person** |
| Has a disability (please specify): | **Stop outline** | ADHD / ADD | **Stop outline** |
| Has an Education, Health and Care Plan (EHCP) | **Stop outline** | Autism Spectrum Disorders (ASD) | **Stop outline** |
| Has alcohol misuse issues  | **Stop outline** | Oppositional Defiant Disorder (ODD) | **Stop outline** |
| Has drug misuse issues  | **Stop outline** | Dyspraxia  | **Stop outline** |
| Is looked-after by the Local Authority  | **Stop outline** | Epilepsy  | **Stop outline** |
| Is at risk of self-harm (cutting etc.) | **Stop outline** | Diabetes  | **Stop outline** |
| Is known to Children’s Services  | **Stop outline** | Asthma  | **Stop outline** |
| Is on a reduced school timetable | **Stop outline** | Visual Impairment  | **Stop outline** |
| Is at risk of school exclusion | **Stop outline** | Hearing Impairment  | **Stop outline** |
| Requires door to door transport  | **Stop outline** | Allergies (please specify): | **Stop outline** |
| Other (please specify): | **Stop outline** | Other (please specify):  | Stop outline |

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| **Transport Requirements** |
| The Young Lewisham Project is sited at Kilmorie Road, which is part of the Lewisham School Street programme. Vehicular traffic is restricted between 8.15 - 9.15am and also 2.45 - 3.45pm, Mondays to Fridays. If door to door transport is a requirement for the young person, this is the responsibility of the referring agency. Details are available here: [Lewisham Council - School Streets](https://lewisham.gov.uk/myservices/parking/schoolstreets/exemptpersons) |

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| **Details of the person making the referral**  |
| Full Name:  | Job Title:  |
| Email: | Contact number:  |
| Agency/School Address:Agency/School Postcode: | Agency/School name: |
| **Please note that unless it is agreed otherwise at the time of referring, the agency/school completing this Referral Form will be invoiced for the services provided, where appropriate.**  |
| Signed: Date: |

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| **Background to the referral (to be completed by the referring agency)** |
| Briefly, why is this young person being referred to the YLP? What are their main difficulties, challenges and/or risks? |  |
| Please provide a figure for the total number of mainstream secondary and/or alternative provision schools attended by this young person since the age of 11. | (If you do not know, please leave this blank) |
| Is the young person currently NEET (not in education, employment or training)? | Yes / No |
| Is the young person known to the police and/or do they have a formal record of criminal activity? | Yes / No |
| At their referring school, what was the young person's attendance percentage? (Last academic year or term) | (If you do not know, please leave this blank) |
| As of now, how would you rate the young person’s self-esteem? (Please select one). | Very low – Low – Neutral – High – Very High |
| As of now, how would you rate the young person’s ability to communicate positively with others? | Very poor – Poor – Neutral – Strong – Very Strong |
| As of now, how would you rate the young person’s physical health? | Very poor – Poor – Neutral – Good – Very Good |
| As of now, how would you rate the young person’s mental health? | Very poor – Poor – Neutral – Good – Very Good |
| What changes or outcomes would you like to see the young person achieve whilst they are under the care of the Young Lewisham Project? |  |

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| **Parent/Carer Information** |
| Parent/Carer Full Name:  Relationship to the young person: |
| **In case of emergency, please provide the parent/carer’s contact details below.**Mobile number: (Mandatory)Email address: (Mandatory)Telephone: (Optional) |
| **If applicable - Social Worker details** |
| **If the young person has a social worker, and their details are not already included in this form, please provide them here.**Name of social worker:Name of team/local authority:Mobile number:Email address: |

Please could you provide a list of any known triggers the young person may have and how would it would be resolved it at your provision.

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| **Triggers** | **Resolution**  |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**If you have any questions, comments, suggestions or concerns, please reach out to our friendly team at** **info@younglewisham.org.uk****.**

