

Step Ahead Referral Form

Section 1 - is required if you have a young person you wish to refer to Enterprising Youth.
Section 2 - should be used to identify any support needs that you feel it is important we are aware of to help ensure we support the young person appropriately.
Section 3 - should be completed if the young person is involved in PIED or an Out of Court Disposal process

All information provided is covered by the Data Protection Act 2018 and is strictly confidential.

1 SECTION 1: YOUNG PERSONS DETAILS

Name: _____

Preferred name: _____

Date of birth: _____ Age: _____

Gender: _____ Preferred Pro-noun: _____

Ethnicity: _____

Current home address: _____

Postcode: _____

Young persons email: _____

Parents/carers names & relation to young person: _____

Parents/carers phone numbers: _____

Parents/carer emails: _____

Parents/carers are aware of this referral: _____

EDUCATION

Current school / college:

Academic Year:

Any previous schools:

REFERRAL AGENCY DETAILS

Reason for referral:

'STORY SO FAR' Completed?

Referral agency:

Type of agency:

Name(s) of worker(s):

Role(s) of worker(s):

Address:

Contact number:

Email:

Referrer signature:

Please sign or type your name here to confirm that you understand that the information that you are providing in this form is being collected under the Data Protection Act 1998. It will form part of the young person's file and if the young person requests to see information that Enterprising Youth holds on them, under the Data Protection Act 1998, we would release this information.

Name:

Date:

Please inform us of any support needs the young person has that we need to be aware of. This information helps us to adjust our support as relevant for each young person.

Does the young person have any support needs? Yes No

Does the young person have any of the following support needs?:

Childcare	Yes	No	
Caring responsibilities	Yes	No	
Social care involvement	Yes	No	
ESOL support needs	Yes	No	
SEN support needs	Yes	No	
Educational needs/learning difficulties	Yes	No	
If 'yes', please rate level of educational support needs:	Low	Medium	High
Disabilities	Yes	No	
Substance misuse	Yes	No	
In trouble with the police	Yes	No	
Struggles with behaviour	Yes	No	
Any Safeguarding concerns i.e Risk of CCE / CSE	Yes	No	
Any school exclusions	Yes	No	

Other support needs not listed - please indicate:

Support Needs - Detail

Please provide details for all the support needs where you have ticked 'yes' above:

Agency Support

Other agencies working with the young person or their family at this time, or previously working with (providing as much as you are aware of as it helps us to plan our support):

What other workers are allocated to working with this young person, that you are aware of (from any agency)?

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SECTION 3: PIED REFERRAL INFORMATION

If the young person is being referred through PIED, please provide the following details.

Date the young person was heard at a PIED meeting:

Agency the young person was referred to at the PIED meeting:

Criminal / Offending background: