|  |  |  |
| --- | --- | --- |
| A picture containing text  Description automatically generated |  | **Please return to:**  **Yellow Brick Road Projects**  **Former WRVS Building**  **Bentall Place, Suffolk Road,**  **Andover, SP10 2JD**  www.yellowbrickroadprojects.com  **admin@yellowbrickroadprojects.com**  **Phone 01264 360589** |
|  |  |  |
|  |  |  |

This form provides Yellow Brick Road Projects with details which enable us to meet the needs of the nominee. Please complete this form with the person you are nominating – experience tells us this increases their chance of engaging.

What are you interested in?

Growing Together – Young Parent’s Group in Andover

The Legacy Project

You Matter ☐

YMIS – School/Community Programme ☐

Emergency Department Project – No Limits nominations Only ☐

PLEASE COMPLETE ALL SECTIONS AS FULLY AS YOU CAN. All information will be treated in confidence.

**Nominee’s name: Date of birth:**

**Address:**

**Telephone no:**

**Postcode:**

**Email address:**

**Gender:**  **Ethnicity:**  **School:**

**Are they a Parent: Y** ☐ **N** ☐ **If Yes, year of birth of children:**

**Next of Kin (name, relationship, contact number, email address):**

**Name of nominee’s landlord or parents/ carers landlord:**

**Nominating organisation: Self nominated**

**Name of worker:**  **Contact details:**

**Are there any other organisations currently working with the young person – if so, please share their name, job title and contact details:**

**Has a CERAF (Criminal Exploitation Risk Assessment Framework) been undertaken? If so, what was the score and what interventions have been put in place?**

**Please look at the factors below and if you know that these apply to the person you are nominating, please tick/ highlight the box:**

|  |  |  |
| --- | --- | --- |
| ADHD | Autistic Spectrum Condition | Bereavement or trauma |
| Child in need of care and protection | Chronic health condition (child) | Chronic health condition (parent) |
|  | Drug Misuse (child) | Drug Misuse (parent) |
| Dyslexia | Dyspraxia | English is not first language |
| Epilepsy | Ex-offender (parent) | Has been exploited |
| Has experienced abuse | Refugee or asylum seeker | Homeless/ temporarily housed |
| Victim of domestic abuse | Ex-offender (child) | Sensory impairment (child) |
| Learning disability (child) | Learning disability (parent) | Mental health issues (child) |
| Mental Health Issues (parent) | Not in education, training or work | Obsessive Compulsive Disorder (OCD) |
| Sensory impairment (child) | Sexually harmful behaviour (victim) | Ex armed forces |
| Oppositional defiant disorder | Physical disability (child) | Physical disability (parent) |
| Problem drinking (child) | Problem drinking (parent) | No recourse to public funds |
| Teenage Parent | Tourette syndrome | Young carer |
| Parent (with children under 18) | Young offender | On community sentence |
| School exclusions | Sexually harmful behaviour (instigator) | Care experienced |
| Lone parent | Has care responsibilities (adult) | Other |

**Please share any relevant information that will help us to help the nominee. For example, details of any health issues, learning needs or any areas of their life with which they are currently receiving support. Don’t forget to tell us about their strengths.**

**Is there a person specific risk assessment/ care plan in place and if so, what do we need to know?**

**Please support the person you are nominating to answer the following questions:**

**What is your main reason for wanting to get involved with Yellow Brick Road Projects?**

**Do you have any worries or concerns?**

**What do you enjoy? What are your interests? What are your assets?**

**Tell us about your wish …**

**Do you have regular access to:**

**Telephone** ☐ **Tablet** ☐ **Laptop/ PC** ☐ **Wi-Fi** ☐

**To the Nominee:** the information on this sheet will be passed to the Yellow Brick Road Projects team who will contact you. Please sign below to indicate that you are happy for this form to be sent to them.

**Signed:(Nominee)** **Date:**

Your information will be held on the Outcome Star Database and Monday.com Please check the box to confirm you are happy for your information to be held in this way

What next …

* Please return the nomination using the contact details at the top of this form. If you would like to send an electronic copy please encrypt it and send the password in a separate email to [admin@yellowbrickroadprojects.com](mailto:admin@yellowbrickroadprojects.com)
* If you are returning a paper copy please ensure it is placed in an addressed envelope
* We will acknowledge the receipt of your nomination within 2 working days
* A member of the YBRP team will contact the nominee to discuss the opportunity they have applied for and how it will support them to take their next steps
* We will contact any other agencies named on the form so we can work together to best support the nominee
* We will allocate a Coach/ Mentor/ Social Prescriber to the nominee who will work with them to find their seam of gold

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