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| **Referral Form**  **Activities and Mentoring Support** |

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| Please send the completed form to: Mentoring and Activities  Oscar Birmingham  22 Regent Place  Jewellery Quarter  Birmingham B1 3NJ  Tel: 0121 212 9209 | **Referrals can be emailed to:**  [oscarmentoringproject@gmail.com](mailto:oscarmentoringproject@gmail.com)  or  [admin@oscarbirmingham.org.uk](mailto:admin@oscarbirmingham.org.uk) |

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| CONTACT PERSON MAKING THE REFERRAL | |
| Name:  Agency Address:  Postcode: | Email:  Telephone Number: |

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| CHILD’S DETAILS | | | | | | | | | | | | | | |
| Surname \* | | | Forename \* | | | | Alias | | Gender\* | | | DOB \* | | Ethnic Origin |
|  | | |  | | | |  | |  | | |  | |  |
| Religion | | | Language | | | | Interpreter  required | | Special Needs/Disability (if any) | | | | | |
|  | | |  | | | | Y/N | |  | | | | | |
| Home Address \* | | | | | | | | | | | | | | |
| Post code |  | | | Tel No\* |  | | | | | Mobile No | | |  | |
| Person with parental responsibility \* | | | | | |  | | | | | | | | |
| PARENT’S/CARER’S DETAILS | | | | | | | | | | | | | | |
| Surname \* | | Forename \* | | | | DOB | | Relationship | | | Address (if different from child) | | | |
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| CHILD/YOUNG PERSON EDUCATION | |
| School/College/ Training/Employment |  |
| Key contact e.g. Head of Year \* |  |
| Does Young Person have Special Educational needs? |  |
| CHILD/YOUNG PERSON MEDICAL/CARE HISTORY | |
| HB status |  |
| Does child have care plan (Yes/No) Please provide copy of care plan or further details |  |
| Key contact e.g school health nurse, GP, hospital |  |

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| ASSESSMENT SUMMARY | |
| **The identification of issues will assist Oscar to provide appropriate mentoring interventions, advice or activities to the child or young person living with Sickle Cell or Thalassaemia. Please provide as much detail as possible** | |
| Why are you making the referral? |  |
| What difficulties does the child/young person face? |  |
| Are there any other agencies/organisations involved in the support or care of child/family? |  |
| Please provide any other useful background or current history about child/family? |  |

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| CONSENT | |
| The young person and parent/carer should read and sign below to show they are happy for the referral to be made to the Oscar Birmingham.  **Young person/Family**  We understand any information will be held electronically and manually and will be used to access the suitability of the young person to engage on the project.  Information will be shared by agencies for the purpose of identifying areas of intervention to support your development and involvement in activities, safeguard your welfare and interests and promote your well-being, support and care needs. We agree to the information being held and shared as described. | |
| Parent | Young Person |
| Print name: | Print name: |
| Signature: | Signature: |
| Date: | Date: |