

Empowering Young Southwark - Referral Form



Please complete the form in full and return to:

Daniel Gregory at: admin@theempowermentpeople.co.uk

Or Feel free to call Daniel on **07908866807** with any queries you may have about the EYS programme.

Details of Partner Making the Referral

Name of employee	
Job title	
Name of organisation	
Telephone number	
Email address	

Details of Young Person Being Referred

Name	
Date of Birth	
Gender	
Address	
Telephone No	
Ethnicity	
With whom does the Young Person live?	
Employment / Education / Training Status	On Universal Credit <input type="checkbox"/> Unemployed <input type="checkbox"/>
	In part-time employment <input type="checkbox"/> Economically Inactive <input type="checkbox"/>
	In full-time education or training <input type="checkbox"/>
	In part-time education or training <input type="checkbox"/>
	Not in employment, education or training <input type="checkbox"/>

Young Person's Support Requirements

Please provide info on Support needs required	Please tick against each area of support that applies to the Young Person	Please provide details against each area that has been ticked
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by the Young Person.

'Soft' Skills and Social Skills
(Confidence, employability skills, Teamwork, Motivation, Communication Skills, Resilience)

n/a

Disabilities

n/a

Mental Health Concerns

n/a

Physical Health Concerns / difficulties/

n/a

Learning Disabilities / Difficulties

n/a

Not in Employment, Education or Training (or at risk of Exclusion)

n/a

Substance Misuse

n/a

Victim of Abuse / Bullying

n/a

Criminal / Anti-Social Activity / Gang-Affiliation

n/a

LGBTQI Support Needs

n/a

Destructive Relationships
(Fractured family life, Abusive partners, Lack of positive peer support)

n/a

Other Support Needs
(Please provide a summary)

n/a

Please provide information on the support needs required by the Young Person.

From which organisations does the Young Person currently receive support? (statutory and non-statutory)		
Is the young person in care or a care leaver?	Currently in Care <input type="checkbox"/>	Care Leaver <input type="checkbox"/> Never been in Care <input type="checkbox"/> Has a Social Worker <input type="checkbox"/>
Is the young person a parent or a carer?	Parent <input type="checkbox"/> Carer <input type="checkbox"/>	To whom does the Young Person provide care?
Is the Young Person involved with a Youth Offending Team?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Safeguarding Concerns		
<p>To ensure the safety of all staff and participants of the Bridge to Works programme, please provide details of any significant risk posed by/to the Young Person.</p> <p>(Please provide detailed comments to support our priority of keeping all members of the programme as safe as possible)</p>	Please tick against each Safeguarding Concern that applies to the Young Person	Please provide details against each area that has been ticked
	Regular Substance Misuse <input type="checkbox"/>	
	Acts of Violence <input type="checkbox"/>	
	Gang Participation (if known, please provide the gang name - this will remain highly confidential, it will just help us to implement specific safeguarding measures) <input type="checkbox"/>	
	Areas of London in which the young person feels unsafe <input type="checkbox"/>	

	Other Safeguarding Concerns <input type="checkbox"/>	
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Any additional information that may affect the young person's experience of the SkillsBridge programme should be noted below.

Young Person's Permission to Disclose Information to a Third Party

Please provide your signature and tick the box to confirm that you have obtained the Young Person's permission for us to contact them directly by phone.	<input type="checkbox"/>
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Please provide the telephone number on which we can reach the Young Person.	
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Today's Date	
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Thank you. We will contact you within 1 working day to discuss your referral.