|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSON NEEDING REFERRAL** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| Age | Click or tap here to enter text. | | | | | | | Date of Birth | | | | | Click or tap to enter a date. | | | | | | | | | | | | | |
| Address:  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post Code:Click or tap here to enter text. | | | | | | | | | Male | | | Female | | | | | | | Non-Binary | | | | | Prefer not to say | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Parent  or Guardian: | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Relationship to  person being referred | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Telephone | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Can SAYC staff leave a message: | | | | | | | YES | | | | | | | | | | | NO | | | | | | | | |
| Email: | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REFERRAL ORGANISATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organisation Name: | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| Referrer Name: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Route: | | | | | | Self | | | | | |  | | Peer | | | | | | |  | School | | | |  |
| Counsellor | | |  | | | Youth Worker | | | | |  | | | | Family | |  | | | Other | | | Click or tap here to enter text. | | | |
| **REFERRED FOR (Tick all required)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Counselling | | | | | | | |  | | | | | | | | Small Group Work | | | | | | | | |  | |
| 1-2-1 Sessions | | | | | | | |  | | | | | | | | Youth Group / Club | | | | | | | | |  | |
| Signposting | | | | | | | |  | | | | | | | |  | | | | | | | | | | |

Logo

Description automatically generated

**Stanley Area Youth Consortium: Referral Form**Tel: 07435 473435 Email: info@youthconsortium.org

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referral Received by** | | | | | | | | | | | | | | | | | |
| Telephone |  | Walk-in | | |  | Referral From | |  | | Letter | | | |  | Email | |  |
| GDPR Verbal Consent Given | | | | YES | | | | | | | NO | | | | | | |
| **Brief Outline of Referral** | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| Do they have any friends attending any of these Youth Clubs | | | | | | | | | | | | | | | | | |
| Oxhill Youth Club | |  | STARS Y&C | | | |  | | SYPC | | | | | | |  | |
| Other  (please name) | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Preferred Youth Club | | | | | | | | | | | | | | | | | |
| Oxhill Youth Club | |  | STARS Y&C | | | |  | | SYPC | | | | | | |  | |
| Other  (please name) | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Signed (Staff) | | Click or tap here to enter text. | | | | | | Date | | | | Click or tap to enter a date. | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Attended: | | YES | | | | | | NO | | | | | | | | | |
| Date: | | Click or tap to enter a date. | | | | | | | Time | | | | Click or tap here to enter text. | | | | |
| Staff Assessing: | | Click or tap here to enter text. | | | | | | | | | | | | | | | |