118 Broadway,

Didcot,

OXON, OX11 8AB

info@didcottrain.org.uk

www.didcottrain.org.uk

**Professional Referral for Head Start Open Programme with TRAIN**

**1. DETAILS OF YOUNG PERSON: All Information will be treated as confidential**

# Date of referral:

# Name(s): Parent/carer:

Address: Post code:

Telephone No:(Home): (Mobile):

Ethnic background: Languages spoken:

Date of Birth:

Name of school/College:

# **2. Information on young person**

a) Does this young person have other agencies working with them either currently or previously? E.g. EIHUB or YOS (if so, please state who they are and how long they have been involved)

If they have previously been supported by another agency please give the name and dates and the reason why the contact ended.

b) What are the areas of concern to you with regard to this young person – please tick all that apply.

􀂉 Involved in substance misuse 􀂉 Persistent non-school attendance 􀂉 Temporary Exclusions

􀂉 Permanently excluded 􀂉 Is involved with Anti-social behaviour 􀂉 Involved in Criminal justice system

􀂉 Family problems 􀂉 Emotional and behavioural/difficulties 􀂉 Failing at School targets

c) Health Information and any formal diagnosis e.g. ADHD, mental health (if relevant):

Please provide any supporting information that you can on regarding the current issues or difficulties for this young person?

# **3. REASON FOR REFERRAL:**

Why is the young person being referred for the programme?

What are the main areas of concern? Does the young person pose significant risk to themselves or others?

What are the best methods for engaging this young person? (e.g.: skills, interests, working in groups/individually)

**AREAS OF DEVELOPMENT:**

In which areas do you feel the young person would most benefit from mentoring support with (e.g.: Goal setting, school attendance, anger, friendships and relationship, self-esteem, mental health etc.?)

Additional notes or information that you think will benefit the referral:

4**. REFERRING AGENCY**

# Name, Contact and role of referrer:

Address:

Post code: Email: Mobile:

Are the YP and Parent/Carer aware that you are making this referral? (If ‘No’, please give reasons)

YES NO

**Signature of parent/carer: ..................................................................... Date:....................**

**Signature of young person: ……………...…............................................................. Date:………………**

**Signature of referrer:….......................................................................... Date:………………...**

**OFFICE USE**

# **TRAIN reserves the right to have the final say on the suitability of a young person for mentoring.**

# **For Information: Project Scope or Target Group –**

1. Young people must live in Didcot or attend a Didcot School to be eligible for the programme

Year 6 and 7 at school.