**Adolescence Youth Service - Youth Targeted Referral Form**

Please note the young person **must be** **living within** **Nottingham City**.

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| **Youth Service Office Use Only**  Complete and attach Follow-up/Admin Sheet to the front of this referral before processing! |
| Date received: |
| Date of follow-up: |
| Date entered on system: |

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|  | **By email send to:**  [cityMASH@nottinghamcity.gov.uk](mailto:citymash@nottinghamcity.gov.uk)  *If you are protecting this referral with a password,*  *please send the password through in a separate email.* |
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Please complete as much information as you can, **including sections marked with \*** on all pages, then return to us:

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| **Referrer Details** | | | |
| **\***Name of Referrer |  | **\*** Date of referral |  |
| **\***Name of organisation Address: |  | | |
| **\*** Telephone number |  | **\*** Email address: |  |

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| **Young People Details** | | | | | | | | | | | | | |
| **\*** First Name: | |  | | | | **\*** Last Name: | | |  | | | | |
| **\*** Address: | |  | | | | | | | | Post code |  | | |
| Age: |  | | D.O.B: | |  | | Identifiable  Gender: |  | | Ethnicity: | |  | |
| Religion: | | | Disabilities / Any known Special Educational Need: | | | | Name of school and Year group: | | | | | | |
|  | | |  | | | |  | | | | | | |
| **\*** Contact Telephone number: | | | |  | | | Emergency Contact Number: | | | | | |  |
| Can we leave a voice mail / text on the number provided? | | | | | | | Please Tick Voicemail Text | | | | | | |

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| **Parent / Carer Details** | | | | | | | | |
| **\*** First Name: |  | | | **\*** Last Name: | |  | | |
| Address: (if different from Young person) |  | | | | | | Post code |  |
| **\*** Relationship to Young Person: | | |  | | **\*** Contact number: | |  | |
| Can we leave a voice mail / text on the number provided? | | | | | Please Tick Voicemail Text | | | |
| **\*** Email address: | |  | | | | | | |

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| **\* Referral Concerns Details** | |
| Does the Young Person present with any behaviour / issues we need to be aware of, please tick? | |
| Not engaging with education, employment, or training or poor attendance | Association with unknow adults |
| Low academic attainment | Struggles in classroom environment |
| Regular conflict with peers | Regular conflict with school/support staff |
| Lack of self-esteem/confidence | Health and wellbeing concerns |
| Anger management issues | Drugs & Alcohol issues |
| Missing Episodes or absent from home | Inappropriate use of social media |
| **Please indicate the programme you want the young person to refer to.** | |
| Mood & Food Café  Young Men’s Group  Young Women’s Group |  |
| **\* Briefly describe the nature of your concerns, barriers, risk and the current family situation:** | |
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| **\* What is currently working well?** | |
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| **\* Briefly describe the impact the young person has on / or by the local community:** | |
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| **\* Is the young person at risk of permanent exclusion, if so why and include dates?** | |
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| **\* What specific outcomes would the referrer like to see?** | |
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| **\* What outcomes would the Young Person like to see?** | |
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**Youth Targeted Group Agreement**

**WHERE POSSIBLE COULD THE REFERRER PLEASE ATTEND AND INTRODUCE THE YOUNG PERSON FOR A SHORT AMOUNT OF TIME DURING THEIR FIRST YOUTH SESSION. IF THIS IS NOT POSSIBLE, COULD YOU PLEASE INFORM THE YOUTH WORK SPECIALIST.**

**Parent / Carer Information**

Concerns / issues have been raised regarding your child’s safety and wellbeing and / or risk of criminality and it is felt that they would benefit from support to address these issues.

By signing this form, you are agreeing that your Child/Young person can access the Targeted Youth sessions which is aimed at positively challenging presenting concerns and supporting your child to make better decisions.

A programme will be given to you, following the first introduction session.

Please note, on some of the sessions, we will be taking the Young People to alternative venues across the city (we will require the completion and signed OV4 ’Off Site Visit Form’)

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| **\* Has the referral been discussed with the young person?** | | **YES NO** |
| **If not, Why?** |  | |

**Privacy Statement**

We will use the information you provide for the purposes stated in this form or in pursuance of any other legitimate interest held by the Council. Your personal information may also be processed to facilitate the provision of services in respect of any of the Council's activities or for the prevention and detection of crime and fraud.

As a Local Authority, Nottingham City Council collects, holds, and processes a considerable amount of information, including personal information about the citizens we serve, to allow us to provide services effectively. The council recognises that this information is important and that we are responsible to the citizens for the information we hold about them. As such, we take seriously our responsibilities under the General Data Protection Regulation 2016/679\* and the Data Protection Act 2018\*.

Under the Data Protection Act 2018, Nottingham City Council is the Data Controller for the information you have given us. This means that we have to look after all the personal information we collect and use and make sure that we do this appropriately, correctly and safely. For more information visit:

<http://www.nottinghamcity.gov.uk/privacystatement>

**Ensure signed parental / carer agreement / consent is obtained prior to submitting the referral**

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| **Signed by Parent /Carer** | | |  |
| **\* Print Name:** | **\* Signature** | **\* Date** | |

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| **Signed by Young Person** | | |  |
| **\* Print Name:** | **\* Signature** | **\*Date** |  |

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| --- | --- | --- | --- |
| **Signed by Referrer** | | |  |
| **\* Print Name:** | **\* Signature** | **\*Date** |  |