

**Referral Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Clients Details** | | | | | |
| Name: | DOB: | Female/Male | National Insurance No: | | |
| Contact Address: | | Present accommodation & support networks, eg foster parents, family, etc: | | | |
| Tel No: | | Current situation, eg school, college, NEET: | | | |
| Mobile No: | |
| Benefits Received: | |
| Social worker or leaving care worker:  Email:  Tel. No:  Connexions/Prospects Worker: | | | |
| Day client signs on:  Which Jobcentre? | |
| **Referrers Details** | | | | | | |
| Name: | | | | | | |
| Organisation: | | | | | | |
| Contact Address: | | | | | | |
| Telephone: | | | | | | |
| Email Address: | | | | | | |
| Date of Referral: | | | | | | |
| Please emphasise to the applicant that this project can only take referrals from those who are interested in improving their career prospects and are committed and motivated to engaging positively. | | | | | | |
| Motivated to progress/change? | | | | Yes | No | |
| Motivated to gain work experience? | | | | Yes | No | |
| Is the young person a UASC/Asylum Seeker? | | | | Yes | No | |
| Are they permitted to work in the UK unpaid or paid? | | | | Yes | No | |
| Do they have documentary evidence to prove the above?  This will need to be produced before any work placement can take place | | | | Yes | No | |
| Is the young person in care or have they been in care at any point in their life? | | | | Yes | No | |
| Has the young person agreed to be contacted by Leicestershire Cares and agreed to information being passed on to Leicestershire Cares? | | | | Yes | No | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Assessment** | | | |
| Are there any drugs or alcohol issues that impact on the ability to work?  If yes, please give details in ‘Notes’ section (including amounts etc.). | Yes | No | |
| Does the client have any convictions, spent, unspent or pending>  If yes, please give details in ‘Notes’ section (including Probation Officer/YOS worker details) and  **a more detailed risk assessment will be required.** | Yes | No | |
| Does the client suffer from allergies or health risks?  If yes, please give details in ‘Notes’ section (including severity and medical response required). | Yes | No | |
| Are there any issues that the host company should be aware of that could affect their performance whilst on the placement, e.g. behaviour, dependency, reading and writing abilities, special educational needs, mental health issues etc?  If yes, please give details in ‘Notes’ section. | Yes | No | |
| Does the client have any specific requirements (e.g. disabled access)?  If yes, please give details in ‘Notes’ section. | Yes | No | |
| **Notes**  Please give details of any additional information on health requirements, drugs and alcohol, previous convictions, specific needs or considerations for risk assessment. (Please use additional sheets if required) | | |
|  | | |
| **Declarations** | | | | |
| REFERRER  In my opinion this applicant is to be recommended to Leicestershire Cares to be considered for a mentored work placement.  **PLEASE NOTE THAT ALL INFORMATION SUPPLIED WITH THIS REFERRAL FORM WILL BE SHARED WITH THE PERSON BEING REFERRED.**  Signed………………………………………………………………. Date……………………….  Print name……………………………………………………..  **Thank you for the referral. Please return to:-**  **Charlotte Robey-Turner, Flying Fish Project, Leicestershire Cares, 42 Tower St, Leicester, LE1 6WT.**  **If you have any queries please call on 07793 443 973 or e-mail: CharlotteRT@leicestershirecares.co.uk** | | | | |