

**YMCA Referral Form**

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| **Is this referral for specific YMCA project?** | **Yes / No** |
| **If ‘Yes’ please specify which project it is for** |  |
| **Referrer / Referral Agency Details** |
| **Full Name** |  |
| **Tel** |  | **Agency Name** |  |
| **Mobile** |  | **Address** |  |
| **Email** |  |
| **Relationship to young person** |  | **Post Code** |  |
| **Key Contact Details** *(If different to referrer)* |  |
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| **Young Person’s Details** |
| **Full Name** |  | **Age** |  | **D.O.B** |  |
| **Address** |  | **Contact Num.** |  |
| **Alt Contact** |  |
| **Email** |  |
| **Post Code** |  | **NI Number** |  |
| **Gender** |  | **Last Educational Establishment** |  |
| **Current Economic Status** *(please mark ‘X’ on all that apply)* |
| Unemployed (claiming benefits) |  | Unemployed (no benefits) |  | Employed |  |
| In Education |  | In Further Education |  | In Training / Volunteering |  |
| Any other information relating to current economic status? |
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| **Personal Circumstances** *(please mark ‘X’ on all that apply)* |
| Long-term unemployed |  | Disability |  | Mental Health Issue |  |
| Homeless |  | Long term illness |  | Dyslexia |  |
| Learning Difficulties |  | Anxiety Issues |  | ADD / ADHD |  |
| Asylum Seeker / Refugee |  | Carer / Caring responsibilities |  | Care Experienced |  |
| Ethnic Minority |  | English as a 2nd language |  | Gypsy Traveller |  |
| NEET |  | At risk of becoming NEET |  | Criminal Convictions |  |
| No Work Experience |  | Low Educational Attainment |  | Low Income Employed |  |
| Substance Misuse |  | Financial Difficulties |  | Rurally Isolated |  |
| Socially Isolated |  | Other *(please specify)* |  |
| **Please briefly describe the young person’s internet connectivity situation.** *(Do they have internet access? Via what means, etc…)* |
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| **Reason for referral** *(please give us some background information about the young person. The more detail the better)* |
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| **Declaration** |
| By signing below you are confirming that (1) The information above is correct and up to date to the best of your knowledge. (2) You have the consent of the person in question to pass over the information that you have provided and the person is aware you are doing so and that we will follow this referral up with an offer of support. (3) In the event the person is not able to consent for themselves, you have the consent of a parent / carer / guardian who is legally allowed to give consent on their behalf.  |
| **Print Name** |  |
| **Signature** |  | **Date** |  |

*For official use (To be filled in by YMCA worker)*

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| **Key worker allocated** |  | **Date of 1st Meeting** |  |
| **Project worker assessment** *(please give your initial assessment of the kind of support this young person will require and any issues we should be aware of)* |
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| **Intervention identified** *(Please identify the kind of work the young person will be a part of: groups/courses/1:1/etc)* | **Times / Frequency** | **Funding stream allocation** |
| *Eg: Employability group work* | *Every Wednesday 2 – 4pm* | *ESF Y Futures* |
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| **Key areas for development** *(Please mark ‘X’ on all that apply)* |
| Confidence |  | Communication |  | Qualifications |  |
| Social Skills |  | Support Networks |  | Training |  |
| Core Skills |  | Motivation |  | Time Keeping |  |
| Literacy / Numeracy |  | Employability |  | Developing a positive routine |  |
| Other *(please specify)* |  |
| **When will work commence** | **Date:** |  | **Time:** |  |