**Referral Form**

*Please use this form if you are referring a Young Person to any of our education or mentoring programmes. Once complete please forward to Jemma Flower:* [***jemma.flower@youngdevon.org***](mailto:jemma.flower@youngdevon.org)

**Please be aware to be eligible for any of our services young people are required to produce evidence of their address as well as at least one of the follow forms of formal identification**

* **National Insurance Number**
* **UK/EU Passport**
* **Birth/Adoption Certificate**

**Young people will also need to provide sufficient evidence of their right to live and work in the UK.**

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| Name of referring agency:  Address:  Postcode: | Name of person making referral:  Telephone:  Email: |

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| Reason for Referral: *(please tick one or more)*   * **Mentoring**: Empowering Enterprise (BBO)- one to one intensive support & mentoring (18-24 year olds)   *Plymouth, Newton Abbot, Exeter, Barnstaple and surrounding towns*   * **Mentoring:** #Focus5 (BBO) -one to one intensive support & mentoring (15- 18 year olds)   *Plymouth, Newton Abbot, Exeter, Barnstaple and surrounding towns*   * **Mentoring**: Devon County SFYP- one to one employment & training support (15-18 year olds)   *Plymouth, Newton Abbot, Exeter and surrounding towns*   * **Education**: Independent Living Skills Programme (16-18 year olds)   *Torquay, Plymouth, Exeter and Barnstaple*   * **Education**: Work Based Learning Programme (16-25 year olds)   *Torquay, Plymouth, Exeter and Barnstaple*   * **Education**: Prince’s Trust Team Programme   *Newton Abbot only*  Any additional info: |

# Young Person’s details:

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| Name: | Date: | | National insurance number: |
| Age: | DOB: | | Male/Female: |
| Email: | Ethnic origin | | |
| My address:  My contact number: | | Who shall we contact in the case of an emergency?  Their phone number: | |

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| Young Person’s interests and activities: What are you currently doing? (Include what and who with)  *i.e. Education, Training, Employment, Volunteering Nothing.* |

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| Are there any additional needs affecting the health or safety of this young person that need to be considered? |

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| Does the young person pose any risk to the worker? Yes No  (If Yes, please provide details) |

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| What am I interested in trying out? *(e.g for a career, study, work).* | | |
| PLUMBING / ELECTRCIAN  CONSTRUCTION  PRACTICAL WORK & DIY  GARDENING  CATERING  RETAIL  OTHER Please state…………………………………….. | ART / DANCE  FILM  MUSIC  COMPUTERS/TECHNOLOGY  WEB DESIGN  MARKETING & PR | YOUTH WORK  CHILD CARE  ANIMALS  HAIR & BEAUTY  HEALTH & WELLBEING  SPORTS & OUTDOOR  EDUCATION |

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| Previous interventions by referring agency: |
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| Other agencies involved and any ongoing work: |

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| Young person’s comments: |

**Signed: Date:**