



**EaRLY INTERVENTION & PREVENTION REFERRAL FORM**

**Mae'r ffurflen hon ar gael yn Gymraeg hefyd. I gael copi, cysylltwch â** **EIPreferral@cardiff.gov.uk**

**This form covers all referrals into the pre-16 Early Intervention & Prevention Team within Cardiff Council Youth Service – in association with funding partners.**

Please note, we can only work with participants who have a fully completed referral form and meet strict funding constraints. **As such, please do not complete or submit this form** without having visited [Youth Mentoring (cardiffyouthservices.wales)](https://www.cardiffyouthservices.wales/index.php/en/what-we-do/youth-mentoring) and then had a conversation with the relevant Senior Youth Officer on the reasons for potential referral. Any form not meeting these criteria will be automatically rejected.

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| --- | --- | --- | --- |
| **SENIOR YOUTH OFFICER** | **CONTACT DETAILS** | **SCHOOL / AREA COVERED** | **REFERRAL** |
| Clare Barnett | CBarnett@cardiff.gov.uk  | Eastern | [ ] |
| St Illtyds |
| Cantonian |
| Sally Thomas | sally.thomas@cardiff.gov.uk  | Llanishen | [ ] |
| St Teilos |
| Corpus Christi |
| Paul Duffy | PDuffy@cardiff.gov.uk  | Willows | [ ] |
| Cathays |
| Whitchurch |
| Craig Bartlett | CBartlett@cardiff.gov.uk  | Bryn-Y-Deryn | [ ] |
| Greenhill |
| EOTAS |
| FAP |
| Carnegie Centre |
| Lee Richards | LeeRichards@cardiff.gov.uk  | Bishop of Llandaff | [ ] |
| Radyr |
| Cardiff High |
| Fitzalan |
| Eleri Griffiths | Eleri.Griffiths@cardiff.gov.uk | Glantaf | [ ] |
| Plasmawr |
| Bro Edern |
|  Samantha Lewis | Samantha.Lewis5@cardiff.gov.uk | Mary Immaculate | [ ] |
| Cardiff West |
|  Simon Evans |  SiEvans@cardiff.gov.uk | LACE Referrals (Please use LACE Referral Form) |  |
|  Shakilah Malik |  SMalik@cardiff.gov.uk | Additional Learning Needs (All Schools) | [ ] |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Reason for Referral** **[Please tick box ✓]** | **Attendance** | [ ] | **Well-Being** | [ ] | **Behaviour** | [ ] |
| **Attainment**  | [ ] | **ETEV** | [ ] |  |  |

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| **PARTICIPANT DETAILS** |
| **Full Name** |  | **D.O.B** |  |
| **Address****(inc. Postcode)** |  |
| **Gender** |  | **Parent / Guardian Name** |  |
| **Contact Number (s)** |  | **E-mail address** |  |
| **First Language** |  | **Would the young person prefer to work through the medium of Welsh?** |  |

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| **EDUCATION DETAILS** |
| **School / Agency currently attending** |  | **Current Attendance** |  |
| **Year Group (NCY)** |  | **Date of Admission** |  | **StudID** |  |

**ATTENDANCE, EXCLUSION & RAG STATUS:**

Exclusions within the current academic year? [ ]  Yes [ ]  No

Reduced or Alternative Timetable [ ]  Yes [ ]  No

 *If* *Yes please provide details and PSP…………………………………………………………………………………….*

RAG status on most recent VAP (Check with school): Red [ ]  Amber [ ]  Green [ ]  No RAG [ ]  Not on VAP [ ]

**ADDITIONAL LEARNING NEEDS STATUS:**

[ ]  **School Action** [ ]  **School Action Plus** [ ]  **Statemented** [ ]  **ILP** [ ]  **N/A**

Describe the participant’s ALN in order of priority, with reference to the Revised Guidance Criteria for ALN:

**ACTIONS ALREADY UNDERTAKEN:**

|  |
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| Using the checklist below, please check **name (where applicable) and attach with this referral** all relevant documents of action taken (ref Code of Practice 5.64): |
| [ ]  The school’s action through their Graduated Response procedure. |
| [ ]  Individual education / behaviour / safeguarding and / or risk assessment plans for the participant. |
| [ ]  The participant’s health including medical history where relevant |
| [ ]  Educational assessments e.g., specialist support teacher / educational psychologist. |
| [ ]  CAMHS involvement: |
| [ ]  Involvement by Education Welfare Service: |
| [ ]  Involvement of any other professionals e.g., Youth Justice Service, Social Service (Please state): ……………………………. |

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| **Please specify current barriers, and what assistance is required, to aid the participants’ progression and improvement:** |
|  |

**DECLARATION:**

I confirm that the individual named on this referral form is currently on role at the below named school and this referral has been discussed with the young person and / or parents / guardian. I provide this information in order for this individual to be able to access support provided by Cardiff Council and Partners.

Cardiff Council, in line with the Data Protection Act 2018, will process the information you have provided above. Information will be shared with Careers Wales to develop personal goal setting and career planning. This is required to fulfil our legal and regulatory tasks as a public authority.

This confidential information may be used by Cardiff Council or disclosed to others when required by law.

For further information on how Cardiff Council manages personal information, see our full Privacy Policy on the Council’s website <https://www.cardiff.gov.uk/ENG/Home/New_Disclaimer/Pages/default.aspx>

In signing the below, I understand this information will be processed by Cardiff Council as indicated above

**Name:**

**Signed:**

**Position:**

**School / Agency:**

**Date**:

Once confirmed with the relevant Senior Youth Officer please send to – EIPreferral@cardiff.gov.uk. Only electronic referrals via this mailbox will be accepted. Incorrect / incomplete forms will be returned to the referral agency.

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**Office Use Only:**

Date referral received into mailbox:

Processed date for Master List:

Quality checked by: