

**POST 16 EaRLY INTERVENTION & PREVENTION YOUTH MENTORING REFERRAL FORM**

***This form is available in Welsh / Mae’r ffurflen hon ar gael yn Gymraeg***

**EIPreferral@cardiff.gov.uk**

This form covers all referrals within the Early Intervention & Prevention Team

Within Cardiff Council Youth Service.

 **PROGRAMME DETAIL**

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| **What is Cardiff Youth Service’s EIP** **Youth Mentor Support?** |
| Cardiff Council Youth Service are seeking to support all young people 16-25 years who are not engaged in education, employment or training. Referrals can be made to EIPreferral@cardiff.gov.uk for an initial meeting, one to one with a trained Youth Worker. From this meeting there will be a clear action plan of support put in place. This support might be with a Youth Mentor or a referral could be made to the most appropriate support relevant to your circumstance. This will be discussed with you during your initial interview.You can also access this service through our project Grassroots based in the city centre. Here you can discuss your referral needs face to face with professionally trained staff. So if you require support around education, training, employment, volunteering, benefits support, homelessness or other issues such as access to services. Please contact us at: Grassroots58 Charles StreetCF10 2GGTelephone: 02920231700Facebook: Grassroots CardiffWebsite: [www.grassrootscardiff.com](http://www.grassrootscardiff.com) |

**PROGRAMME REQUEST**

Please note that due to strict funding constraints, we can only work with participants who have a fully completed referral form and meet at least one of the following criteria (please check **all** relevant boxes):

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| [ ]  The young person is at risk of becoming/ presents as homeless and requires mentoring support.[ ]  The young person in not in Education, Training, Employment or Volunteering and requires support for progression.[ ]  The young person has disengaged from their current service provider and requires support to reengage.[ ]  There is evidence that the young person is demonstrating risk taking behaviour i.e. Substance Misuse, CSE, CE, criminal behaviour.[ ]  The young person is a young parent who requires support to access relevant services and/or enter ETEV.[ ]  The young person is at risk of disengaging from their current Education, Employment, Training or Volunteering placement.  |

**PARTICIPANT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **D.O.B** |  |
| **Address** |  |
| **Postcode** |  |
| **Email Address** |  | **Contact Number (s)** |  |
| **Gender** |  | **First Language** |  |
| **Ethnicity** |  | **Would the young person prefer to work through the medium of Welsh?**  |  [ ]  Yes [ ]  No |
| **Disability Status** | [ ]  Child Disability [ ]  Adult Disability [ ]  Prefer not to say [ ]  None |

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| **ADDITIONAL LEARNING NEEDS STATUS:** Describe the participant’s ALN status, with reference to the Revised Guidance Criteria for ALN: |
| [ ]  **Statemented**  | [ ] **Unknown** | [ ] **None** |

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| **Reason for Referral, Desired Outcomes & Additional Information.** *Please include all relevant information for supporting this young person.* |
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| **ACTIONS ALREADY UNDERTAKEN:**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): |
| [ ]  Individual education (LDD Plan) / behaviour (YOS) / safeguarding and / or risk assessment plans for the participant.[ ]  The participant’s health including medical history where relevant.[ ]  National Curriculum levels of attainment including those in Literacy and Mathematics.[ ]  CAMHS involvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*N.B. If any of the above answer yes, please attach relevant documentations to this form.* |

**REFERRER DETAILS**

|  |  |
| --- | --- |
| **Is this a self-referral?** |  [ ]  Yes [ ]  No  |
| **Name of Organisation/ Agency** |  |
| **Referrer’s Name** |  |
| **Position** |  |
| **Email** |  |
| **Contact Number (s)** |  |
| **Date of Admission**  |  |
| **Date of Last Contact with Young Person** |  |
| **Details of Last Intervention** |  |

**Does the young person have any other professional involvement? If yes:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organisation** | **Contact Name** | **Telephone No.** | **Email** |
|  |  |  |  |
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**PRE-SUBMISSION CHECKLIST (Referral Agency to check):**

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| [ ]  Participant meets the referral criteria[ ]  Any risk assessments / safeguarding concerns are highlighted and attached[ ]  All other supporting documents attached (see actions already undertaken)[ ]  All areas of form completed **(no blank fields – any incomplete forms will be rejected and returned)** |

**DECLARATION:**

I confirm that the individual named on this referral form 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.

I am aware that the Youth Mentoring Programme is part financed by Families First Funding.

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:**

**Agency:**

**Date**:

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**Young Person’s name:**

**Signed: Date:**

Once completed 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. Once accepted, the referral will be processed and allocated to the Senior Youth Officer at the Youth Service panel meeting.

**Office Use Only:**

Date referral received into mailbox: Referral complete: [ ]  Yes [ ]  No

If **Yes**, Panel date for Review:

If **No**, reason for return:

[ ]  Ineligible referral [ ]  Documents missing [ ]  Form not fully completed [ ]  Referral not signed

Quality checked by: Date: