



EARLY INTERVENTION & PREVENTION REFERRAL FORM

Mae'r ffurflen hon ar gael yn Gymraeg hefyd. I gael copi, cysylltwch â EIReferral@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 \(cardiffyouthservices.wales\)](http://YouthMentoring(cardiffyouthservices.wales)) 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.

SENIOR YOUTH OFFICER	CONTACT DETAILS	SCHOOL / AREA COVERED	REFERRAL
Natalie Simons	Natalie.Simons@cardiff.gov.uk	Eastern	[]
		St Illtyds	
Sally Thomas	sally.thomas@cardiff.gov.uk	Llanishen	[]
		St Teilos	
		Corpus Christi	
Paul Duffy	PDuffy@cardiff.gov.uk	Willows	[]
		Cathays	
		Whitchurch	
Simon Evans	SiEvans@cardiff.gov.uk	Bryn-Y-Deryn	[]
		Greenhill	
		EOTAS	
		FAP	
		Carnegie Centre	
		CLA Referrals (All Schools)	
Additional Learning Needs (All Schools)			
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	
		Cantonian	

Reason for Referral [Please tick box ✓]	Attendance	[]	Well-Being	[]	Behaviour	[]
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	Attainment	[]	EDEV	[]	Qualification	[]
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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?			

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:

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):

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 – EIReferral@cardiff.gov.uk. Only electronic referrals via this mailbox will be accepted. Incorrect / incomplete forms will be returned to the referral agency.

Office Use Only:

Date referral received into mailbox:

Processed date for Master List:

Quality checked by: