Details of person making the referral

Name:

In what capacity do you work with the young person?

School staff [ ]  Parent [ ]  Social care [ ]

Other agency [ ]

Relationship to young person

Email:

Phone:

Young Person’s Details

Name:

Preferred Pronouns:

Address:

Name of school:

Is the young person currently attending school:

Yes [ ]  No [ ]

If no, please provide more details:

If they have additional needs or a disability please provide brief details here

Caregiver’s Details (if you are completing this as the caregiver and the details are the same in section 1 you can ignore this

Name:

Relationship to young person:

Address:

Phone number:

Is this the young person’s emergency contact?

Yes [ ]  No [ ]

If no detail here:

Reason for referral (please note that mentoring is a low-level intervention and should not be used as a stop-gap where other services are not available E.g. mental health concerns where they on a waitlist for CAMHS)

1. What are you concerned about?
2. What is the impact on the young person? (examples are helpful)
3. What support will you continue to offer/ is already in place for the young person and/ or family?
4. Please list other agencies working with the young person/their family.
5. What support have the agency provided?

Additional Information

Please add any other supporting information for this referral

Consent

I agree for this referral to be made to Action4Youth and I understand that they may contact other agencies for information sharing purposes between the agencies. I also agree to engage with agencies for assessment and /or support.

Signed:

Name:

Date:

On completion return to:

Aylesbury and Milton Keynes area Holly Meek holly.meek@action4youth.org

Wycombe and South Bucks area Lisa Butler lisa.butler@action4youth.org