

## Pilton Youth and Children's Project Referral Form for Individual/ Group Support

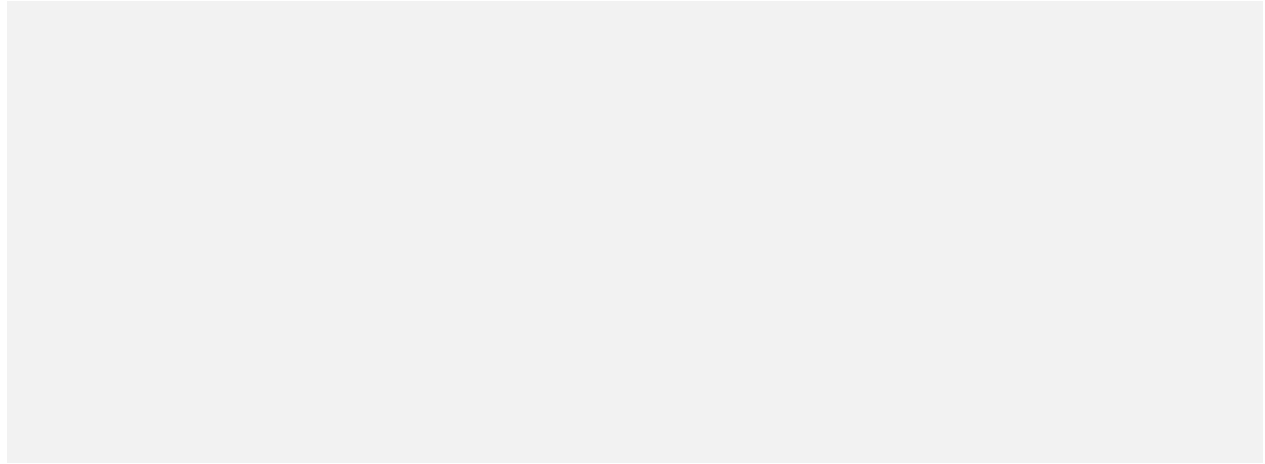
**Date of referral:**

<b>Name of young person:</b>	<b>Date of birth:</b>
<b>Address:</b>	<b>Parent/ carer contact details:</b>
<b>Referrer details:</b>	<b>School:</b>  <b>Guidance teacher:</b>  <b>Contact number:</b>
<b>Please detail any other services involved/ that have been involved:</b>	<b>Has the young person and family agreed to the support?</b>

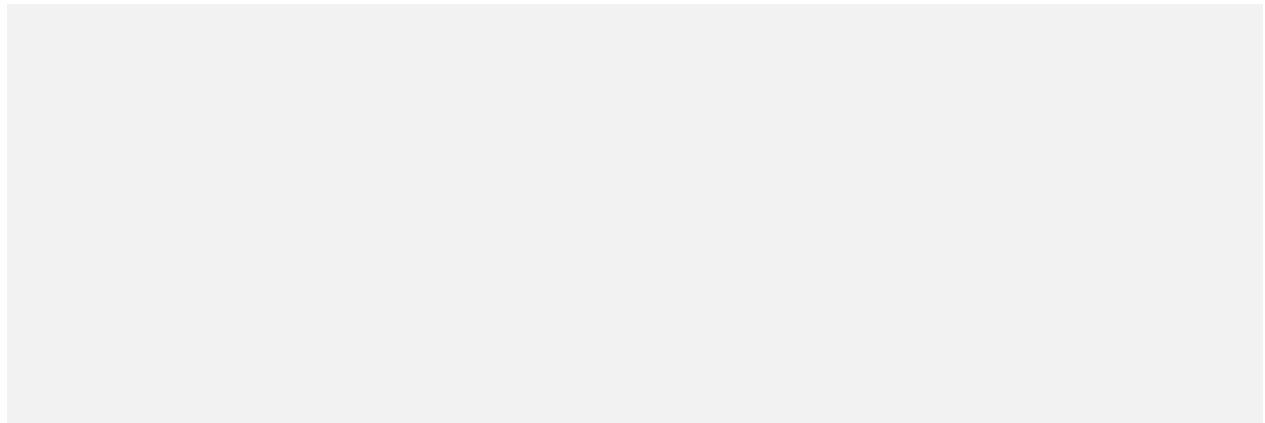
**Please tick any areas that apply to the young person's current needs:**

<input type="checkbox"/> School behaviour	<input type="checkbox"/> Risk of exclusion from school
<input type="checkbox"/> Low self esteem	<input type="checkbox"/> Social isolation
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Separation
<input type="checkbox"/> Young Carer	<input type="checkbox"/> Minority group status
<input type="checkbox"/> Offending	<input type="checkbox"/> Mental health
<input type="checkbox"/> "Looked After"	<input type="checkbox"/> Literacy/ numeracy
<input type="checkbox"/> Other – please state	

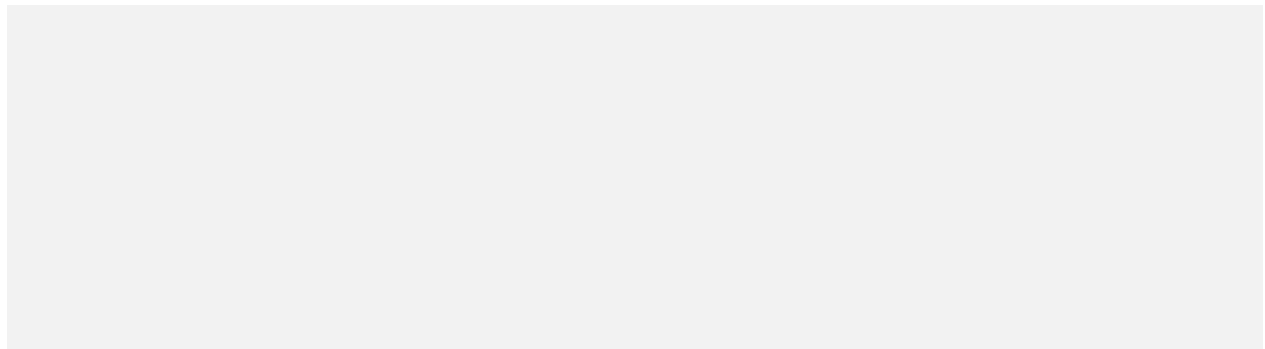
**Please provide any additional information in terms of reasons for referral:**



**Please outline desired outcomes for the support work:**



**Any additional information:**



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