

OFFICE USE:

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STUDY ID

REFERRAL

# Referral Form



## YOUNG PERSON'S DETAILS

Full Name

Address

Mobile

Home Tel:

Postcode

Work/Other Tel:

Date of Birth

Age

Male

Female

Ethnic Group

Is the young person aware of the referral? Yes No

Has the young person consented to this referral? Yes No

Is the parent/guardian aware of this referral? Yes No

Is the parent/guardian consented to this referral? Yes No

Home visit required? Yes No If no, please give reason

Looked after? Yes No

Name of main contact.

Relationship to young person.

Contact address.

Home Tel:

Work Tel:

Mobile:

## PLEASE GIVE DETAILS OF ANY OTHER AGENCIES INVOLVED.

Please also indicate who is the key contact (in KEY column). Please indicate which services are aware of this referral (in AWARE column).

Agency/Service	Contact Name	Telephone No.	Start Date	End Date	Key	Aware

Is the young person currently on a school roll? Yes No

If YES, which school?

School Status? F/T

P/T

Not Attending

School Year

If the young person is not on a school roll, what was the OFFICIAL date for leaving school?

Is this person part of the Options Scheme? Yes No

If yes, which Option is s/he part of? 1 2 3 4 5 Not part of Options Scheme

# Referral Form



What is your main reason for referring this person to Xplore?

What do you hope will be the outcome for this person?

## Referrer Information

Name of Referrer	Agency
Designation	Telephone:
Address	Date of Referral

PLEASE NOTE: We may be in contact with you to obtain more information.

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REFERRER INFORMATION

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Date of Receipt

Proposed date of first visit