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| **Referral Date:** | |
| **Referrer details** | |
| Name:  Address:  Tel number:  Local Authority: | Role:  Email: |
| **Young Persons details** | |
| Name: | Telephone:  Email: |
| Address:  Postcode: | Borough of residence: |
| Date of birth: | Age today: |
| Gender: | Religion: |
| Current care status: | Preferred language: |
| Are they a parent: YES / NO | National Insurance number: |
| Do they have a passport: YES/NO | Do they have a bank account:  YES/ NO |

**Building Hope Academy Referral Form**

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| **PRIVACY NOTICE STATEMENT:**  **Please note by completing this referral, Building Hope Academy will require the following:** | | | | **Yes 🗸** |
| **Young Person** | By consenting to this referral form being completed you will be consenting for Barnardos to hold your information on our database and for Barnardos Building Hope Academy to contact you to discuss your referral or to contact other professionals that are working with you to discuss the referral. | | |  |
| **The Referrer** | This referral has been discussed and agreed with the young person | | |  |
| You consider the young person to have capacity to give informed consent | | |  |
| If not deemed competent - have you obtained the consent from the parent/carer to make this referral? | | |  |
| You have explained that any information held on this form will be stored by Barnardos Building Hope Academy on a secure database. | | |  |
| **Signed by Referrer**  *(****electronic signature is acceptable)*** |  | **Signed by Young Person/parent or carer** *(Please make every effort to seek the young persons signature)* |  | |

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| **Additional Information** | Y/N | Please detail: |
| Are there existing assessments (EHCP, Social Care Plan) that we can access? If so, please give details and attach a copy. | Y/N |  |
| Does the YP have a physical disability or impairment: | Y/N |  |
| Does the YP have a formal diagnosis of Autism or any other Learning Disability? (low literacy skills, ESL) | Y/N |  |
| Has the YP been diagnosed with ADHD etc? | Y/N |  |
| Are there any safeguarding issues we need to consider? If so, please give details. | Y/N |  |
| Does the YP have anger management, history of violence or other behavioural issues? | Y/N |  |
| Has a risk assessment been completed for this YP? If yes, please attach a copy with this referral. | Y/N |  |
| Please provide details of any risk issues and/or any other information that is important: when identifying any overall risk please consider (e.g. gang affiliation, county lines or any other information) | Y/N |  |
| Does this YP have any criminal convictions or potential pending criminal convictions? | Y/N |  |
| Are there any other agencies (Social Services, YOS, CAMHS, Other) working with this young person? If so, please give details. | Y/N |  |
| Does the YP have any substance misuse issues (current or previous)? | Y/N |  |
| Allergies: (including any that require use of an Epi pen, etc) | Y/N |  |

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| **Education** |  |
| Previous secondary school/college including dates: |  |
| Please detail any relevant courses/work experience: | Qualifications obtained  Please list any qualifications or training achieved: |
| Does this YP have a CSCS card: YES /NO | Does this YP have a current CV? YES / NO  If yes. Please attach. |

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| **Ethnicity** |  | Asian - Pakistani |  | Mixed/Multiple  White/Black African |  |
| White - British |  | Asian - Chinese |  | Mixed/Multiple  White/Black Caribbean |  |
| White - Irish |  | Any other Asian background |  | Any other Mixed/Multiple background |  |
| White any other background |  | Black - African |  | Arab |  |
| A**s**ian - Bangladeshi |  | Black - Caribbean |  | Traveller |  |
| Asian - Indian |  | Any other Black background |  |
| Other Ethnic groups |  | Prefer not to say |  |

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| **Please email completed referral form securely to the Admin Team**  [**B**uildinghopeacademy**@barnardos.org.uk**](mailto:Buildinghopeacademy@barnardos.org.uk) |