



**FACE TO FACE CONNECTIONS**  
**REFERRAL FORM**

NAME OF REFERRER:

AGENCY:

ADDRESS OF AGENCY:

TEL NO:

DATE:

## **YOUNG PERSONS DETAILS**

1. Name of Young Person: Male/Female:

2. Date of Birth: Age: School Year:

3. Ethnic Origin:

Language Spoken at Home:

4. Parent(s)/Carer(s) Name:

5. Others with Parental Responsibility: (Please supply details)

6. Address:

7. Telephone Numbers:

Home:

Work:

Mobile:

# SCHOOL HISTORY

8. Present School:

Name of Head:

Tel No:

Address of School: .

9. Previous schools attended? (Giving most recent first, to include primary schooling)

1.

2.

3.

10. Has the young person been permanently excluded?

If No, then please give details for referral:

11. What support has the young person and their parents/carers had to date?

# Inter Agency Involvement?

12. Social Worker:

Tel No:

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Youth Offending Team:

Tel No:

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Educational Social Worker

Tel No:

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Special Educational Needs Officer

Tel No:

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13. Is the young person subject of a Court Order?

14. Does the young person have any pending court cases?  
(If yes, please give details)

15. Is the young person known for Alcohol or Substance Abuse?

16. Does the young person smoke?

17. Reasons for Referral?  
(Please include as much information as possible.)

18. What is the long term goal for this young person?  
(E.g. PRU, New School, College, Work, External Agency Support.)

Referral Form Completed By:  
Position: Vice Principal  
Signature:  
Date:

**FOR OFFICE USE ONLY**

Date Referral Received:  
Sent:

Action Taken:

Reply

Inter Agency Enquiry Forms Sent:

Enquiry Forms Received:

Interview Offered:

Placement Offered:

Acceptance Received: