

FAIRBRIDGE SOLENT REFERRAL FORM

CONFIDENTIALITY: Any information received will be held in confidence. In some circumstances it may be necessary to disclose information further for the protection of the client or others, in such cases and where practical, we will discuss this before such disclosures are made.

CLIENT INFORMATION

Clients First Name:		Clients Surname:	
Date of Birth:	Age:	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		Postcode:	
Telephone		Mobile:	
Next of Kin:		Relationship:	
Address:			
Telephone:		Mobile:	
Referrer		Agency:	
Address:		Telephone:	

Other Agencies Involved With Young Person		
Agency:	Agency:	Agency:
Contact:	Contact:	Contact:
Telephone:	Telephone:	Telephone:

CLIENT MONITORING INFORMATION

ETHNICITY: Please tick the box to the left of your choice.

<input type="checkbox"/> White British	<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black African	<input type="checkbox"/> Chinese
<input type="checkbox"/> White Irish	<input type="checkbox"/> White/Black African	<input type="checkbox"/> Asian Pakistan	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Mixed Other
<input type="checkbox"/> White Other	<input type="checkbox"/> White/Asian	<input type="checkbox"/> Asian Bangladeshi	<input type="checkbox"/> Black Other	<input type="checkbox"/> Other

ACCOMMODATION: Please tick box to the left of your choice.

<input type="checkbox"/> With Parents	<input type="checkbox"/> Children's Home	<input type="checkbox"/> Council Tenant	<input type="checkbox"/> Night Shelter	<input type="checkbox"/> Prison/YOI
<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Other Local Authority	<input type="checkbox"/> Housing Project	<input type="checkbox"/> Drug/Alcohol Hostel	<input type="checkbox"/> Other (give details)
<input type="checkbox"/> Other Relatives	<input type="checkbox"/> Private Tenant	<input type="checkbox"/> Homeless Hostel	<input type="checkbox"/> Probation Hostel	

CURRENT EDUCATIONAL STATUS: Please tick box to the left of your choice.

<input type="checkbox"/> School	<input type="checkbox"/> Alternative Education	<input type="checkbox"/> Further Education	<input type="checkbox"/> Persistent Truant	<input type="checkbox"/> No School Place
<input type="checkbox"/> Youth Training Course	<input type="checkbox"/> Employment Service	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Excluded	<input type="checkbox"/> None

QUALIFICATIONS: Please tick box to the left of current qualification level or equivalent.

<input type="checkbox"/> No Qualifications	<input type="checkbox"/> NVQ 1 (GCSE D-G)	<input type="checkbox"/> NVQ 3 (A Levels)	<input type="checkbox"/> NVQ 5	<input type="checkbox"/> Other (give details)
<input type="checkbox"/> Below NVQ 1	<input type="checkbox"/> NVQ2 (5GCSE A*-C)	<input type="checkbox"/> NVQ 4		

EMPLOYMENT: Please tick box to the left of your choice.

<input type="checkbox"/> School Age	<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Reg'd Unemployed	<input type="checkbox"/> Un-Reg'd Unemployed	<input type="checkbox"/> Gateway
<input type="checkbox"/> Other New Deal	<input type="checkbox"/> Other Gov. Scheme	<input type="checkbox"/> Statutory Sick	<input type="checkbox"/> FE/HE Student	<input type="checkbox"/> Other

LENGTH OF UNEMPLOYMENT: (IF APPLICABLE) Please tick box to the left of your choice.

<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> More than 3 years
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MORE CLIENT DETAILS: Please tick box to the left of your choice.

<input type="checkbox"/> History Drugs Misuse	<input type="checkbox"/> History Alcohol Misuse	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Epileptic	<input type="checkbox"/> Asthmatic
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Other Health Issues	<input type="checkbox"/> Special Needs	<input type="checkbox"/> Literacy Help Req'd
<input type="checkbox"/> Numeracy Help Req'd	<input type="checkbox"/> Workless Household	<input type="checkbox"/> English as 2nd Language	<input type="checkbox"/> Client a Single Parent	<input type="checkbox"/> Asylum Seeker
<input type="checkbox"/> Young Carer	<input type="checkbox"/> In Care	<input type="checkbox"/> Ex-Care	<input type="checkbox"/> On Probation	<input type="checkbox"/> Previous Convictions
<input type="checkbox"/> No Work Experience	<input type="checkbox"/> Young Offender	<input type="checkbox"/> Parent with drug/ alcohol issues		

CLIENT OFFENDING BEHAVIOUR Has this client been convicted of:	Please Circle Yes or No	
Arson?	Yes	No
Sexual Offence(s)?	Yes	No
Severe violence?	Yes	No
Has this client been subject to a risk assessment?	Yes	No

If yes then please give FULL details on the reverse of this sheet. (Note: These offences will not necessarily exclude the client).

IF THE CLIENT HAS BEEN SUBJECT TO A RISK ASSESSMENT WE NEED A COPY.

IT IS IN YOUR CLIENT'S INTEREST THAT YOU GIVE US AS MUCH INFORMATION AS POSSIBLE ABOUT THEIR CURRENT SITUATION AND ANY PROBLEMS THEY MAY BE EXPERIENCING.

Why are you referring this client to Fairbridge?

- What are their presenting needs?
- What are their strengths/ interests?
- What do you want them to achieve?
- What is their current situation: home life, social network, school/training situation?
- Why are they engaged with your service?
- Details of any offences.

Please continue on another sheet if necessary

Signed by Referred:

Date:

MEDICAL INFORMATION

CLIENTS DOCTOR:

Name:	Surgery:
Address:	
	Tel:

MEDICAL HISTORY:

HAVE YOU SUFFERED / DO YOU SUFFER FROM ANY OF THE FOLLOWING?

Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	* If YES please give details:
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other serious illness <input type="checkbox"/> Yes* <input type="checkbox"/> No	

ARE YOU PREGNANT?

YES NO

If YES please give details:

HAVE YOU ATTENDED HOSPITAL WITHIN THE LAST 2 YEARS FOR ILLNESS OR INJURY?

YES NO

If YES please give details:

ARE YOU ALLERGIC TO ANY MEDICATION?

YES NO

If YES please give details:

DO YOU HAVE ANY PHYSICAL DISABILITY?

YES NO

If YES please give details:

DO YOU TAKE ANY FORM OF MEDICATION OR DRUGS REGULARLY? If YES please give details:

YES NO

NAME OF MEDICATION	PRESCRIBED? PLEASE CIRCLE	DOSE	TIME
1)	YES NO		
2)	YES NO		
3)	YES NO		
4)	YES NO		
5)	YES NO		
6)	YES NO		
7)	YES NO		
8)	YES NO		
9)	YES NO		

Clients Name:	School:
Contact Name:	Contact Number:
Position:	
Signed:	Date:

THE FOLLOWING CONSENT(S) MUST BE SIGNED AT FAIRBRIDGE IN THE PRESENCE OF A MEMBER OF FAIRBRIDGE STAFF

UNDER 16'S MUST BE ACCOMPANIED BY AN AUTHORISED SIGNATORY (SUCH AS A PARENT/GUARDIAN) IN ORDER FOR THEM TO SIGN THE CONSENTS AND TAKE PART IN THE ACCESS COURSE.

PERMISSION TO TAKE AND HOLD PHOTOGRAPHS

Fairbridge produces a range of information leaflets and displays to promote the organisation to other young people and to agencies working with them. Please indicate whether you are willing for Fairbridge to take, use and store your photographs for this purpose.

CONDITIONS OF ATTENDANCE

Whilst participating in the Fairbridge programme the drinking of alcohol, taking of drugs (unless prescribed), violent or aggressive behaviour, theft and exclusive relationships are not allowed. You are asked to abide by these conditions and not behave in any way which may endanger yourself or the safety of others and to listen and respond to all instructions given by Fairbridge staff.

INFORMATION AGREEMENT

The information given will be held on a database which you have the right to see. You will have the right to say whether any additional information about you is shared with other organisations. Basic details, such as: name, post code, school attended, date of birth, gender, ethnicity, legal status (e.g. looked after), number of hours engaged, will be provided to funding organisations for monitoring purposes only.

NB: This information will not be used against you.

RELEASE AND ASSUMPTION OF RISK

I am aware that my participation in the sessions and activities organised by Fairbridge may expose me to risks. These risks and the terms of my participation have been fully explained to me. I fully understand the terms of my participation and accept the risks, as described.

Under 16's will be required to have permission for absence from Education by either their School or Education Officer/Welfare Provider.

	Participant	Parent/Guardian
I agree to photographs being taken (as above)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to the Conditions of Attendance (as above)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to the Fairbridge Information Agreement (as above)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to Release and Assumption of Risk (as above)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I/We certify that, to the best of my/our knowledge and belief, the above information is true and correct at the time of completion.

Signature: _____
Participant/Client

Date: _____

Signature: _____
Parent/Guardian

Date: _____

Signature: _____
Fairbridge Staff

Date: _____