



## REFERRAL FORM OVER 16s

Date of referral:

### Young person's details:

Name	
Address	
Postcode	
Contact No(s)	
NI No.	

Date of Birth	
Age	
Gender	Male / Female
Ethnicity	

A Parent	Yes / No
A Carer	Yes / No

### Referral details:

Referrer:	
Agent:	
Address:	
Contact No(s):	
Email:	
Fax	

Does the YP have any other workers / support services allocated to them? If yes please give details:

Does the YP receive benefits? What are they? How long have they been receiving them?

Is the YP unemployed? How long have they been unemployed for?

Has a risk assessment been carried out on the client, or have they committed any of the following offences that you are aware of? - Arson, Sexual Offences, Severe Violence. If so please give details and **attach risk assessment**. These offences will not necessarily exclude your client.

Has the YP got any issues with drug/alcohol misuse? If so please give details

Does the YP have any previous work/training experience? If yes please give details

Does the YP have any qualifications? If yes please give details.(If above Level 2 ensure funding available)

Has the YP got any mental health issues? If yes please give details

Has the YP got any special needs? If yes please give details

Does the YP have poor literacy or numeracy skills?

Has the YP been in the care of the Local Authority?

Does the YP have any other health issues? If yes please give details

Please give details as to why you wish to refer this young person to Fairbridge and please state what you hope s/he will gain from this service

Fairbridge Rules 1. NO ALCOHOL 2. NO DRUGS 3. NO STEALING 4. NO BULLYING OR VIOLENCE  
5. NO SEX OR EXCLUSIVE RELATIONSHIPS **These rules are strictly enforced**

Does the YP have any future plans in regards to education, employment, training?

Any other information you wish to include

I give my consent to Avon & Somerset Probation Area to provide Fairbridge West with all relevant information of my offending background with a view to assist Fairbridge West in developing confidence, self esteem, personal, social skills and life skills of the people referred.

Signature.....

**Please return completed forms to:** Fairbridge West, 22 Stokes Croft, Bristol BS1 3PR  
Telephone: 0117 9425362 Fax: 0117 9244878