**LifeSteps Interventions Referral Form**

**Request for Support: 1-1 Role Modelling Programme**

Ensure **all** sections are completed and email completed forms to **info@lifestepscic.co.uk**

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| **Section 1** | **Young Person’s details** | | |
| Name: |  | Date of Birth: |  |
| Preferred Name/Known as: |  | Pronouns: |  |
| Home Address: |  | Gender: | Male  Female  Other |
| Ethnicity |  |
| Phone Number: |  | Religion: |  |
| Email: |  | Language: |  |
| School Name: |  | School Year: |  |
| GP Address: |  | Name of GP: |  |
| Does the young person know about the referral? | Yes No | | |

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| **Section 2** | **Parents / Carers contact details** | | | |
| Is the parent / carer aware of this referral? | | | Yes No | |
| Do you give us permission to contact your parent / carer? | | | Yes No | |
| Parent / Carer Name: | |  | | |
| Parent / Carer Telephone: | |  | Email: |  |
| Looked After child: | | Yes No | Name of social worker: |  |
| Social worker contact details: | |  | | |

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| **Section 3** | **Referrer Contact Details** | | |
| Name: |  | | |
| Title/Profession: |  | | |
| Telephone: |  | Email: |  |

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| **Section 4** | **Please write in as much details as possible why this young person requires intervention.** |
|  | |
| **Section 5** | **Please document any safeguarding concerns that we need to be aware of.**  **Please write N/A if this is not applicable.** |
|  | |
| **Section 6** | **Please inform us of current agencies involved with the young person.**  **Please write N/A if this is not applicable.** |
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| **Section 7** | | **Consent** | | | |
| By submitting this form, I give my consent for LifeSteps to retain and process my personal information for data management purposes. I acknowledge that my information will be stored and protected in accordance with GDPR regulations. I agree that all safeguarding disclosures will be communicated to the appropriate authorities. Furthermore, I understand that LifeSteps reserves the right to decline services to the young person should the initial assessment criteria not be satisfied. | | | | | |
| Signed: |  | | | Date: |  |
| Print Name: |  | | | | |
| If not signed by the young person, please state your relationship | | |  | | |

*Thank you for submitting this referral form. We aim to respond within 14 working days of receipt to confirm whether the young person has been accepted on to the programme. If you do not receive an update within this period, please contact us using the email address provided above.*