

REFERRAL FORM

Please complete this form with information relevant to the proposed intervention. Where applicable, attach current risk, safeguarding, education or multi-agency information. Please complete the blank sections only, keeping responses within the box provided.

1. REFERRING AGENCY DETAILS

Agency / Organisation		Team / Service	
Local Authority (if applicable)		Referrer Name	
Role / Job Title		Date of Referral	
Email		Phone	

2. YOUNG PERSON'S DETAILS

Full Name		Date of Birth	
Age		Gender	
Ethnicity		Year Group	
Address		Postcode	

Legal / Support Status

☐ Child in Need	☐ Child Protection	☐ Looked After Child
☐ Youth Justice / YOT	☐ Early Help	☐ Other (specify)

Education Setting

☐ Mainstream School	☐ Short Stay School	☐ PRU
☐ Alternative Provision	☐ College	☐ Not in Education / NEET

SEN Status

☐ None	☐ SEN Support	☐ EHCP
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3. PARENT / CARER / PLACEMENT DETAILS

Parent / Carer / Placement Contact		Relationship to Young Person	
Phone		Email	

Placement Type (if applicable)

☐ Foster Care	☐ Residential Home	☐ Supported Accommodation
☐ Kinship Care	☐ Other (specify)	

4. REASON FOR REFERRAL

Please identify the main reasons for referral and provide a concise summary of the current concerns.

☐ Emotional dysregulation	☐ Challenging behaviour
☐ Risk of exclusion	☐ Disengagement from education
☐ Low attendance / punctuality	☐ Missing episodes
☐ Exploitation risk (CCE/CSE)	☐ Offending / anti-social behaviour
☐ Placement instability	☐ Low confidence / motivation
☐ Routine / structure difficulties	☐ Reintegration support
☐ Other (specify)	

Summary of concerns Include relevant context, recent changes and the issues leading to this referral.

What would you like this intervention to achieve? Please outline the intended outcomes or changes you hope to see.

5. RISK & SAFEGUARDING INFORMATION

Please provide current information that may affect safe planning or delivery of intervention.

☐ Missing episodes	☐ CCE/CSE concerns
☐ Peer group risk	☐ Offending behaviour
☐ Substance use	☐ Aggression / conflict
☐ Self-harm concerns	☐ Mental health concerns
☐ Weapons concerns	☐ Other (specify)

Known risk locations / hotspots

Known associates / peer group concerns

Current safety plan / safeguarding arrangements Briefly summarise any current plan and key measures SCI should be aware of.

6. PROFESSIONAL NETWORK

Social Worker / YOT Officer		Email / Phone	
SENCO / Pastoral Lead		Email / Phone	
Carer / Residential Key Worker		Email / Phone	

Other professionals involved *For example: CAMHS, Early Help, Police, youth workers or other relevant services*

7. INTERVENTION REQUESTED

Preferred Intervention Type

☐ Physical-activity-based intervention	☐ Mentoring / relationship-based support
☐ Behaviour regulation support	☐ Attendance / engagement support
☐ Risk reduction (CCE/CSE/offending/missing)	☐ Placement stability support
☐ Reintegration support	☐ Combination (specify)

Preferred Session Frequency

☐ 1 session per week	☐ 2 sessions per week
☐ Intensive (3+ sessions per week)	☐ Other (specify)

Preferred Start Date	
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Scheduling /
practical
considerations

8. YOUNG PERSON'S STRENGTHS

Strengths, interests and protective factors. Please include interests, hobbies, positive relationships, existing strengths and anything that may help engagement.

9. CONSENT & INFORMATION SHARING

Please indicate the current consent / information-sharing position where applicable.

Consent / awareness	Yes	No	N/A
Young person	☐	☐	☐
Parent / carer	☐	☐	☐
Social worker / YOT officer	☐	☐	☐

Relevant consent / information-sharing notes

10. SUPPORTING DOCUMENTS

Please attach relevant current documents where available and appropriate.

☐ Latest risk assessment	☐ EHCP / SEN information
☐ Behaviour plan	☐ Safety plan
☐ Recent incident reports	☐ YOT assessment
☐ Education attendance summary	☐ Relevant multi-agency documents
☐ Other relevant information	

REFERRER DECLARATION

I confirm that, to the best of my knowledge, the information provided in this referral is accurate and relevant to the proposed intervention, and that information has been shared in accordance with my organisation's responsibilities and procedures.

Referrer Name		Signature	
Date		Organisation	

RETURNING THIS FORM

Please return the completed referral form and relevant supporting documents to: referrals@scintervention.co.uk

Please share personal and sensitive information securely and only where relevant to the referral and proposed intervention.