Client Referral Form

THE arc ALTERNATIVE EDUCATIONAL PROVISION
EFFORT | EXCELLENCE | ENDURANCE

Referring Agency:

Agency:		Telephone No:	
Address:		Email Address:	
		Agency Type:	
Name of Advisor:		Referral Date:	/ /

IMPORTANT:
Consent and Information sharing.
Consent must always be sought unless it puts the child/young person at further risk.

Client Details:

First Name:		Last Name:	
D.O.B:	/ /	Ethnicity:	
Gender:	○ Male ○ Female	Religion:	
Address:			
Post Code:		Phone No:	
Email:		Mobile No:	

Is this the family address?: ○ Yes ○ No

Does the young person know about the referral?	○ Yes	○ No
Does the young person/child or parent know why the referral is being made?	○ Yes	○ No
Does the young person/child or parent understand agencies may need to share information?	○ Yes	○ No
Has the client used our services before?	○ Yes	○ No
Does the young person have any know disabilities? If 'yes' please state below:	○ Yes	○ No ○ Unsure

Young person/child in Education/ Work:

- School
- College
- University
- Employed
- Training
- In Custody

Key Agencies Involved:
(Please provide name, agency and contact details of professionals involved)

Agency: Telephone No:

Address: Email Address:

Agency Type:

Name of Advisor:

Agency: Telephone No:

Address: Email Address:

Agency Type:

Name of Advisor:

Medical Details:

GP Name: Telephone No:

Address:

Does the young person have any know disabilities?
If 'yes' please state below:

- Yes
- No
- Unsure

Does the young person have any medical history (Tick all that apply):

- Allergies
- Alcohol Consumpton
- Arthritis
- Depression
- Diabetic
- Epilepsy
- Hearing loss
- Pregnant
- Skin problems
- Smoking
- Speech Impediment
- Visually Impaired

Details of Family/ Household members:

First Name: | Last Name:
D.O.B: / / | Ethnicity:
Gender: Male Female | Religion:
Address:
Relationship with young person: | Parental responsibilities:
Is this the family address?: Yes No

First Name: | Last Name:
D.O.B: / / | Ethnicity:
Gender: Male Female | Religion:
Address:
Relationship with young person: | Parental responsibilities:
Is this the family address?: Yes No

First Name: | Last Name:
D.O.B: / / | Ethnicity:
Gender: Male Female | Religion:
Address:
Relationship with young person: | Parental responsibilities:
Is this the family address?: Yes No

First Name: | Last Name:
D.O.B: / / | Ethnicity:
Gender: Male Female | Religion:
Address:
Relationship with young person: | Parental responsibilities:
Is this the family address?: Yes No

Does the family need an interpreter? Yes No Unsure
If 'yes' please specify language below:

Reason for Referral:

Please tell us the reason you're making a referral today, and how you feel the client could benefit from our support and or services.

Please include any information you may think will support this referral:

Client referred for support around (Tick all that apply):

- ○ Anti-social Behaviour
- ○ Basic life skills
- ○ Education
- ○ Emotional/ psychological abuse
- ○ Employment
- ○ Family Support
- ○ Gangs/ Violence
- ○ Performing Arts
- ○ Personal Development
- ○ Sexual Exploitation
- ○ (Nurturing) Talent
- ○ Other

Arethere any known risks to working with this client? ○ Yes ○ No ○ Unsure
If 'yes' please state below:

Office use Only:

Referral Outcome:

Referral accepted?: ○ Yes ○ No*

Allocated to:

*Please complete if the referral was rejected:

- ○ Client does not want support
- ○ Ineligible for support (age)
- ○ Ineligible for support (service description)
- ○ No space/ capacity to support
- ○ Unable to contact client
- ○ Unable to meet support needs
- ○ Unable to meet support needs around disability
- ○ Other

Referred Onwards to:

Please email the referral form back to:

Secure email:	**Colin.james@gangsunite.org/info@gangsunite.org**
Non-secure email:	**gangsunite@hotmail.co.uk**
Contact number for service:	**Tel: 0207 846 9204 | Mob: 07806 756 092**

gangs unite
REACH ONE TEACH ONE

THE arc ALTERNATIVE EDUCATIONAL PROVISION
EFFORT | EXCELLENCE | ENDURANCE

Unit 60 Uplands Business Park
Blackhorse Lane, Walthamstow,
London, E17 5QJ

GANGS UNITE CIC COMPANY REGISTRATION NUMBER: 7884961