

GROUP REFERRAL FORM

<i>Completed referrals to:</i>	
Post	CYT Floor 3, Star House 43 Division Street Sheffield S1 4GE
Email	cyt@sheffield.gov.uk
For information or queries contact our Freephone number or visit our website	0800 138 8381 www.sheffield.gov.uk/cyt

NOTE: If you have any specific concerns about an individual young person please complete a Professionals referral form.

Referring agency/individual:

Your name: _____

Role: _____

Name of organisation: _____

Address: _____

Post code: _____

Tel no: _____

Signed: _____

E-mail: _____

Date: _____

Have any of the young people been recently referred to any other agencies/services? *If yes, please include details on the following page*

Yes ☐ No ☐ Don't know ☐

Are any other agencies known to be working with any of these young people? *If yes, please include details on the following page*

Yes ☐ No ☐ Don't know ☐

Please complete the following table for the young people you wish to refer:

[illegible]

REFERRAL DETAILS:

What are the main issues or concerns surrounding this group of young people that you would like CYT to address? *Please include the behaviours of concern, any specific incidents and if there are any risks with the group working together.*

SUMMARY OF GROUP REFERRAL AND FURTHER DETAILS

Please include any previous or current contact/support with any of the young people listed, i.e. previous involvement with CYT, Youth Justice Service, MAST etc. Include any recent referrals to other agencies.

CONSENT

- Please complete the following sheet and gain consent from **all** parents/carers and young people involved in this group referral.
- A meeting will take place between CYT staff and the referrer prior to starting the group-work to ascertain the content and level of the programme and risk assessment.

Parent/Carer Consent:

- I have had the referral process explained to me and I agree to this referral.
- I understand that this may involve an assessment of my child's needs in order that appropriate support is planned.
- I agree that the information on this form and other relevant information held by partner agencies may be shared for the purpose of deciding which support is appropriate. The agencies involved are: Community Youth Teams, Children & Young People and Families (SCC), Housing, Police, Health Services (including CAMHS), School and other voluntary and community agencies.

Signed _____ (Parent/Carer) Date _____

Signed _____ (Parent/Carer) Date _____

Young person's consent:

Name: _____

Are you willing to work with the Community Youth Team? Yes ☐ No ☐

Signed _____ (Young person)

Date _____

Parent/Carer Consent:

- * I have had the referral process explained to me and I agree to this referral.
- * I understand that this may involve an assessment of my child's needs in order that appropriate support is planned.
- * I agree that the information on this form and other relevant information held by partner agencies may be shared for the purpose of deciding which support is appropriate. The agencies involved are: Community Youth Teams, Children & Young People and Families (SCC), Housing, Police, Health Services (including CAMHS), School and other voluntary and community agencies.

Signed _____ (Parent/Carer) Date _____

Signed _____ (Parent/Carer) Date _____

Young person's consent:

Name: _____

Are you willing to work with the Community Youth Team? Yes ☐ No ☐

Signed _____ (Young person)

Date _____