



Community **Youth** Teams

PARENT/CARER REFERRAL FORM



COMMUNITY YOUTH TEAMS

Community Youth Teams offer a range of support for young people. Please complete this form if you are worried about your child because of any of the following:

- not going to school or college
- being out of work
- drinking too much or taking drugs
- hanging around with the wrong people
- being stopped by the Police
- is in a situation he/she is struggling to deal with, including witnessing or experiencing domestic abuse

If you are worried about any of the above, you can also request help for yourself in supporting your child by completing this form *(if you are a professional working with the child you must complete the Professionals CYT Referral form)*.

Once completed, please refer to:

CYT
3rd Floor
Star House
43 Division Street
Sheffield
S1 4GE

and/or

cyt@sheffield.gov.uk

Tel: 0800 138 8381

FORM COMPLETED BY:

Your name: _____

Relationship to Young Person: _____

Address: _____

Post code: _____

Signed: _____

Tel no: _____

E-mail: _____

Date: _____

Are any other agencies working with your child?

Yes

No

Don't know

If yes, please give details:

YOUNG PERSON'S DETAILS:

Family name: _____ First name(s): _____

Age: _____ DOB: _____ Gender: Male Female

Ethnicity:

White – British <input type="checkbox"/>	White – Irish <input type="checkbox"/>	Roma <input type="checkbox"/>
Eastern European <input type="checkbox"/>	Any Other White Background <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>
White & Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Any Other Mixed Background <input type="checkbox"/>
Asian – Indian <input type="checkbox"/>	Asian – Pakistan <input type="checkbox"/>	Asian – Bangladeshi <input type="checkbox"/>
Any Other Asian Background <input type="checkbox"/>	Black – Caribbean <input type="checkbox"/>	Black – African <input type="checkbox"/>
Somali <input type="checkbox"/>	Yemeni <input type="checkbox"/>	Chinese <input type="checkbox"/>
Any other ethnic group:.....		Prefer not to say / not stated <input type="checkbox"/>

Address: _____

Postcode: _____ Tel no: _____

1st Language: _____ Interpreter needed: No Yes

Looked after child? No Yes

Main Parent/Carer(s)

Name: _____ DOB: _____

Relationship: _____

Address if different: _____

Telephone: _____

Siblings

Name: _____ Male / Female DOB: _____

Name: _____ Male / Female DOB: _____

Name: _____ Male / Female DOB: _____

Name: _____ Male / Female DOB: _____

Name of School/College (if applicable): _____

Key school staff involved: _____

Contact Details: _____

SUPPORT REQUESTED – What are you most worried about with regard to your child?:

How do they want to be contacted?	Post <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/>
Email address:	Mobile phone number:

Do you want help with regard to supporting your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How do you want to be contacted?	Post <input type="checkbox"/> Email <input type="checkbox"/>
Email address:	

PARENT/CARER CONSENT:

- I agree to this referral and wish for support for my child.
- 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 _____

FREQUENTLY ASKED QUESTIONS:

What if my child doesn't want to work with the Community Youth Team?

This is a voluntary programme, but we would encourage you to support your child in coming.

What will we get out of working with the Community Youth Team?

Support for you and your child. You will receive relevant information relating to your needs. You will also receive an offer of individual and/or group support for your child.

What am I signing for?

This enables us to share information with partner agencies on a need to know basis to ensure the right support is in place for your child.

What happens next?

You will be contacted by a Community Youth Team worker who will arrange a home visit to complete an assessment and, with input from you and your child, design a personalised plan of support for your child.