



Community **Youth** Teams

PROFESSIONAL REFERRAL FORM

<i>Completed referrals to:</i>	
Post	CYT 3 rd Floor 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 https://www.sheffield.gov.uk/home/social-care/cyt.html

NOTE: Please ensure you include supporting evidence in the spaces provided to ensure your referral receives full consideration.

Referring agency/individual:

Your name: _____

Role: _____

Name of organisation: _____

Address: _____

Post code: _____

Signed: _____

Tel no: _____

E-mail: _____

Date: _____

Has this young person been recently referred to any other agencies/services? Yes No Don't know

If yes, please give details:

Are any other agencies known to be working with this young person? Yes No Don't know

If yes, please give details:

Family name: _____ Forenames: _____

Age: _____ DOB: _____ Gender: Male Female

Address: _____

Postcode: _____ Tel no: _____

1st Language: _____ Interpreter needed: No Yes

Looked after child? No Yes

Name of School/College (if applicable): _____

Key school staff involved: _____ Contact Details: _____

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"/>

Main Carer(s)

Name: _____ DOB: _____ not known

Relationship: _____

Address if different: _____

Tel: _____

Siblings

Name: _____ Male / Female DOB: _____

Name: _____ Male / Female DOB: _____

Name: _____ Male / Female DOB: _____

What is the main reason for completing the referral; tick **ONE** box only for the primary issue:

<p>Involved in Anti-social Behaviour in the community (not known to YJS):</p> <ul style="list-style-type: none"> <input type="checkbox"/> PAL 2 <input type="checkbox"/> ABC (Police/Housing) <input type="checkbox"/> Community Justice Panel <input type="checkbox"/> Community Resolution (CJU10) <input type="checkbox"/> ASB legislation disposal incl. breach of <input type="checkbox"/> Peer group involved in ASB/criminal activity <input type="checkbox"/> Possession or use of weapons 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<p>Pupils with two fixed term exclusions for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Criminal damage <input type="checkbox"/> Violent/aggressive behaviour <input type="checkbox"/> Drugs/alcohol <input type="checkbox"/> Weapons <input type="checkbox"/> Theft <input type="checkbox"/> LAC at risk of exclusion (see **below) <i>Ensure one of the above reasons also ticked</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Gangs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Direct involvement with identified gang activity <input type="checkbox"/> Periphery of identified gang activity <input type="checkbox"/> Use of weapons <input type="checkbox"/> Gangs and weapons ideology 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<p>Education, Employment or Training:</p> <p>Risk of NEET</p> <ul style="list-style-type: none"> <input type="checkbox"/> Year 11 <p>NEET (16-19)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently NEET 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> <input type="checkbox"/> Teenage Related Abuse – young person is causing harm within a teenage relationship 			<ul style="list-style-type: none"> <input type="checkbox"/>
<p>Young person with family member involved in the criminal justice system presenting with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copying/idolising/similar behaviours to family member involved with criminal justice <input type="checkbox"/> Anti-social behaviour <input type="checkbox"/> Weapons use or ideology 			<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

****Enhanced offer for Looked After Children at risk of exclusion**
 Referrals will be accepted for LAC who are 'at risk of exclusion' from school or accessing alternative, offsite curriculum, before receiving a fixed term exclusion; the reasons for exclusions listed above still apply.

Please Note: We do not offer support if the issues are solely around school attendance or behaviour within school; a referral to MAST may be more appropriate in these cases.

Supporting Evidence:

Please provide **full** details of the reason for the referral and include any supporting evidence and contributing factors to their behaviour, for example; specific incidents; what type of anti-social behaviour and where; any police intelligence; school exclusions and reason; include information on what has been done to address the needs/concerns. **Please note: your referral will not be considered unless you provide information to support your reasons for referral (please use additional sheet if required)**

Education Employment and Training:

Does the young person have any learning difficulties (EHC or My Plan) or disabilities? Does the young person have any other additional learning support needs?

Yes No Don't know

If yes, please give details:

Is the young person taking/expected to take any qualifications?

Yes No Don't know

If yes, please give details:

Post-16 only: Is the young person currently involved in any training or employment?

Yes No Don't know

If yes, please give details:

Please provide further information in support of the above answers; include information on what has been done to address the needs/concerns. **Please note: your referral will not be considered unless you provide information to support your reasons for referral (please use additional sheet if required)**

Health Concerns:

Has the young person ever been referred to CAMHS?

Yes No Don't know

If yes, please give details:

Has the young person ever suffered a loss / bereavement?

Yes No Don't know

If yes, please give details:

Is the young person known to drink alcohol?

Yes No Don't know

If yes, please give details:

Does the young person use drugs?

Yes No Don't know If yes, please give details: *(please state what type of drugs e.g. cannabis, new psychoactive substances (NPS), cocaine, etc.)*

Please provide further information in support of the above answers; include information on what has been done to address the needs/concerns. **Please note: your referral will not be considered unless you provide information to support your reasons for referral (please use additional sheet if required)**

ADDITIONAL INFORMATION & RISK: If you have any further information you think we should know; any safeguarding issues; family history; e.g.; domestic violence and/or offending; risks e.g. home, environment, people, pets, behaviours.

IMPORTANT: We will not accept a referral unless it has been signed by both parent/carer and young person

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 _____