

*A Charity working
with children and
young people*



DREADNOUGHT

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Charity No. 270486

Hot Spot Service Request Form

Dreadnought staff, the person making this referral and the young person referred, only, have the right of access to this form

NAME OF YOUNG PERSON:			
DATE OF BIRTH:			
ETHNIC ORIGIN:			
ADDRESS:			
POSTCODE:	TELEPHONE:	MOBILE:	
NAME OF PARENTS:			
CARER (IF DIFFERENT):			
IS THE YOUNG PERSON			
	IN CARE	CHILD PROTECTION	FAMILY SUPPORT
			CAF
FAMILY CIRCUMSTANCES:			
NAME OF EDUCATION PROVIDER OR EMPLOYER:			
ARE YOU AWARE OF ANY ISSUE REGARDING DOMESTIC VIOLENCE- EITHER CURRENT OR HISTORICAL?			
	YES		NO
BRIEF DESCRIPTION OF PRESENT CIRCUMSTANCES:			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAS THIS REFERRAL BEEN DISCUSSED WITH THE YOUNG PERSON'S PARENT/GUARDIANS

YES

NO

PLEASE USE THIS SPACE TO PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL TO BE RELEVANT TO THE BEHAVIOUR OF THE YOUNG PERSON BEING REFERRED:

YOUNG PERSON'S HOBBIES/ INTERESTS:

NAME OF ANY OTHER AGENCIES INVOLVED:

HAS A RISK ASSESSMENT BEEN UNDERTAKEN: Y PLEASE ATTACH COPY N

NAME OF PERSON MAKING THIS REFERRAL:

RELATIONSHIP TO THE YOUNG PERSON:

WORK TELEPHONE NUMBER:

WORK EMAIL:

WORK ADDRESS:

POSTCODE:

REASONS FOR REFERRAL:

DREADNOUGHT USE ONLY

SERVICE DATE REQUEST/...../.....

START DATE...../...../.....

RENEW DATE/...../.....