



CONFIDENTIAL REFERRAL FORM

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

NAME OF YOUNG PERSON:

DATE OF BIRTH:

M

F

ETHNIC ORIGIN:

Please tick as appropriate

ADDRESS:

EMAIL:

POSTCODE:

TELEPHONE:

MOBILE:

NAME OF PARENTS:

CARER (IF DIFFERENT):

CIRCUMSTANCES OF YOUNG PERSON

IN CARE

CHILD PROTECTION

FAMILY SUPPORT

CAF

Please tick as appropriate

FAMILY CIRCUMSTANCES:

NAME OF EDUCATION ESTABLISHMENT OR EMPLOYER:

ARE YOU AWARE OF ANY ISSUE REGARDING DOMESTIC VIOLENCE- EITHER
CURRENT OR HISTORICAL?

YES

NO

REASON FOR REFERRAL

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

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

YES

NO

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:

PAYMENT FOR SESSIONS AGREED BY

Payment is for 12 sessions or 1 term.

Please print in capital letters

NAME:

SIGNATURE:

INVOICE ADDRESS:

PHONE:

EMAIL:

DATE:

PLEASE SEND THIS COMPLETED REFERRAL FORM TO THE ADDRESS BELOW

Carn Brea Lane
Pool
Redruth
TR15 3DS