



CONFIDENTIAL REFERRAL 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:

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

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