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| **OUTREACH REFERRAL FORM** | | | | | |
| Name of YP: | | Age: | | DoB: | |
| Current address: | | | | Legal status: | |
| Named social worker/PA: | |
| Person completing referral if other: | |
| Reason for request: | | | | | |
| **Please use the three columns to give a summary of YP/Family/placement background:**  **(Highlight aspects relevant to outreach needed)** | What is working well? | | What are we worried about? | | What needs to happen? (What is the outreach intended to achieve?) |
| Organisation of outreach:  (State expected times, days, duration, location etc if known) | | | | | |
| Is the young person engaged in education, training, employment?  (give details of any placement and arrangements) | | | | | |
| Is the young person aware of this referral and do they agree with it? | | | | | |
| Specific support needed | | | | | |
| Frequency of review? | | | | | |
| Known risk factors/needs/behavioural factors to consider:  (please include any aspects relating to the individual or place of residence, associates, that need to be considered for safe working) | | | | | |
| Baseline risk assessment completed and attached  YES  NO | | | | | |
| Any other comments | | | | | |