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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 |