|  |  |  |  |
| --- | --- | --- | --- |
| * **Name**
 |  | **Date of birth** |  |
| **Gender** (please tick) | Male |  | **Sexual Orientation**(Please tick) | Heterosexual |  |
| Female |  | Lesbian |  |
| Non-binary  |  | Gay |  |
| Trans Man |  | Bisexual |  |
| Trans Woman |  | Asexual |  |
| Other |  | Other |  |
| Prefer not to say |  | Prefer not to say |  |
| **N.I. Number** |  |
| **Address** |  |
| **Type of accommodation** | Parental home |  |
| LAAC (YPC, kinship care, etc.) |  |
| Temporary accommodation |  |
| Private rented |  |
| Council let |  |
| Housing association |  |
| Other (please specify) |  |
| **Phone number(s)**  | **Young Person: Parent/carer if appropriate:**  |
| **E-mail address** |  |
| **Shoe/Shirt size (PPE)****MOEP/BBFF referrals only** | **Shoe Size** |  | **Shirt Size** |  |
| **Level on the SSP (Strategic skills pipeline)** **MOEP/BBFF referrals only**  |   **1 2 3 4 5**  **(Please circle)** |

|  |
| --- |
| **Why does the young person wish to be referred to our services and what are they hoping to get out of their involvement with us?** |
|  |
| **YP Signature/initials:**  | **Date:** |

**Issues affecting the person you are referring** (Please tick as appropriate)

|  |
| --- |
| **Employment** |
| Unemployed or underemployed |  | Employment deprived area |  |
| Low income/Jobless Household |  | Living in a jobless household with dependent children |  |
| Debt issues |  | Cost or Lack of private/Public transport/ Inability to drive  |  |
| **Length of time since last employment**  |  YearsMonths |
| **Barriers to Employment** |
|   |
| **Benefits Currently being Claimed** | **Asylum Seeker/refugee** |
|  |  |
| **Education** |
| Literacy/numeracy support required |  |
| NEET (Not in Education, Employment or Training) |  |
| Low school or college attendance |  |
| Additional support needs |  |
| Poor experience of education system/lack of support |  |
| Lack of qualifications/work experience |  |
| Poor computer skills |  |
| **Housing** |
| Looked after and accommodated (including kinship care) |  |
| Previous care experience |  |
| Overcrowding/sleep in own bed (Please specify) |  |
| Affected by/at risk of homelessness e.g. hostels, sofa surfing, refuges, unstable at home or risk of violence at home (If unsure, please contact us to discuss further.) |  |
| **Social** |
| Social work involvement |  | Social isolation (Friends, Family or Peers) poor communication skills |  |
| Criminal justice issues (e.g. young offender, previous convictions) |  | Caring responsibilities (e.g. young carer) |  |
| Difficulties using public transport or self-travel |  | Poor time keeping/attendance/reliability |  |
| Behaviour/anger issues |  | Lack of family support |  |
| Parent  |  | Lone Parent |  |
| **Health** |
| **Mental health issues** (are they currently supported or been referred to an appropriate service? We may not be able to accept the referral if not) |  | Physical/hidden Disability |  |
| Long term health condition/illness |  | Lack of motivation/aspirations |  |
| Low self-confidence/esteem |  | Addiction issues |  |
| Drugs misuse – family |  | Alcohol misuse - family |  |
| Victim of Bullying  |  | Victim of Abuse |  |
| **Additional information if needed****Please tick this box if you would like to provide further details over the phone**  |

**Reasons for Referral** (Please outline in the space below why you think you or the person you are referring would benefit from the service)

|  |
| --- |
|  |
| **If Applicable Progress client has made with your organisation.** |

**Client and staff safety**

Please provide detail based on your experience about the best way to work with you or the person you are referring. We need to know what issues may be going on that affect you/the person you are referring that pose any risk to anyone’s safety. We also need to know if there are any strategies currently in place that help reduce the risk posed by these issues.

|  |
| --- |
|  |

**Current Support Networks**

Please provide detail on the people/agencies in your life or the people around the person you are referring who provide positive support.

|  |
| --- |
|  |
| **Is the young person receiving any other support or working with any other agencies?**  |

**Additional Information** (Please provide us with any other information relevant to this referral)

|  |
| --- |
|  |

**Referrer’s details**

|  |  |
| --- | --- |
| **Name of referrer** |  |
| **Referral type** (please tick) | I am referring myself |  |
| 3rd party (family, friends, etc.) |  |
| Voluntary/statutory organisation |  |
| **Service referred to.** Please tick. If other/unsure, please call for further information. | Building Brighter Futures Fund (BBFF) Employability Programme |  |
| Move On Employability Pathway (MOEP)Employability Programme |  |
| FareShare (warehouse training) |  |
| Mentoring *(please note we can currently only accept mentoring applications for our Glasgow programme – we hope to have Edinburgh referrals open again soon*) |  |
| Other/unsure |  |
| **Relationship to young person/Job Role** |  |
| **If voluntary or statutory organisation, provide the name of the organisation** |  |
| **Address:** |  |
| **Contact Number(s):** |  |  |
| **E-mail Address:** |  |
| **Date of Referral:** |  |