



PHOENIX YOUTH PROVISION

Providing Youth Services across Whittlesey, Coates, Eastrea, Pondersbridge and Benwick

Visit us at #PhoenixYouthProvision

Phoenix Referral Form

Referrals

- Referrals can be made for any young person between the ages of 10 and 18.
- Referrals can only be made with the young person's consent.

To make a referral please complete the referral form and return it to:

Info@phoenixyouthprovision.org.uk.

We will then contact you.

Young persons first name:	Surname:
Date of birth:	Ethnicity:
Country of birth:	Male / Female / other
Name of School/College attended:	Likes/Dislikes.
Health of the young person: (Very Good, Good, Fair, Poor, Very Poor)	Any known health needs / conditions of the young person:
Any Allergies;	
Parent/Guardian Contact information	
Parents first name:	Surname:
Address:	Home phone no:
	Mobile no:
Postcode:	Email address:

Required support from Phoenix- (please circle all that apply):

Additional Needs

Social Anxiety/isolated

Young Carer

Poor mental health

Home Ed

Social activities

Positive engagement.

Crime/exploitation

LGBTQIA+.

Other (please specify)

Any strategies that work for young person in dealing with their needs, ie anxiety, ASD, ADHD.

How does their anxiety present?

What does the young person or referrer want from us?

Individual targets

Name of referrer:

Job title: (if a professional referral)

Address:

Telephone/email:

How long have you worked with the young person and what input have you had? (Professional only)

Are there any other Agencies Involved? Please specify:

Is there an Early Help Assessment or Team Around The Family in place? (If yes please give contact details of Lead Professional and date of next meeting if known)

Signature of referrer _____ Date _____

For PYP use only

Review date.

Phoenix Youth Provision Confidentiality Statement

Phoenix youth provision has clear policies and procedures regarding safeguarding and data protection. We treat personal information as very important and aim to ensure that all personal information is treated lawfully and ethically. All information will only be used to enhance the welfare of our service users. Phoenix cannot promise confidentiality where there is clear evidence of serious risk to the young person or to the welfare of others.”

Please sign here to confirm you agree and would like someone from Phoenix to get in touch with you:

Young Person _____

Name of parent/guardian _____

Signature of parent/guardian _____

Note to parent/guardian:

So that we can support your young person, it is important that we talk to other organisations who are also working with your family. This is so that we don't duplicate work but also helps us to understand their needs so that we can support them in the best way possible.

Please sign here to confirm you agree and to give your permission for Phoenix to work with your young person.

Signature of parent/guardian _____ **Date** _____