

**YoCO Referral Form**

**Referral Information**

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| Name of person making the referral: | Relationship to young person: (please circle)Self Parent/guardian Carer/Organisation |
| Contact details of person making referral:Email: Phone: Address:  | Name of young person referred: |
| DOB of person being referred: |
| YoCO group being referred to: |
| Reason for referral: |
| What support is the young person receiving? |
| Name and contact of agency/agencies involved: |

**Details of person being referred:**

|  |  |
| --- | --- |
| Parent/Carer 1 Name: Relationship to young person: Address: Telephone: Email:  | Parent/Carer 2Name: Relationship to young person: Address: Telephone: Email:  |
| Please give details of any physical/learning disability, SEN, illness, EHCP and/or a mental health need the young person has: |
| Is there any history of any of the following in the young person: (Please circle)* Self- Harm
* Substance misuse
* Domestic violence
* Criminal record
* Other (please detail)
* Please give details
 |
| Please give any additional information that may prove useful when working with the young person: |
| I have obtained permission from the parent/guardian to make this referral:Signed  | Date of form: |

Please send completed referral forms to:

**Rachel Warren, Operations Manager**

info@yoco.online
07999 340597

**Data Protection**

We will only use the information in relation to the support we offer the young person being referred. It will be shared with the group leaders who lead the youth group the person is being referred to; they will only use this information in the best interests of the person being referred. It will not be shared with anyone else and will be destroyed a year after the young person leaves the project.
We never sell or make publicly available the personal information on this form, and they are stored securely. For more information please see our Privacy Notice on our website [www.yoco.online](http://www.yoco.online)