**Referral Form – Individual**

**Thank you for contacting us with your enquiry.**

We aim to help break down the barriers that young people face and to help them believe in themselves and develop the skills and qualities needed in life. We do make a difference. We have a great team of staff committed to helping young people and the adults that support them. We hope we can help you and aim to respond to you within 4 working days.

Please complete this form and return it to our Youth Services Manager - alex@pkdofe.com

Please be assured that we adhere to GDPR requirements, our staff are child protection trained, and that we will not share information with any other organization without your permission.

**REFERRER’S DETAILS**

First Name Last Name

Organisation’s name (if relevant)

Address

Phone number(s)

E mail

**DETAILS OF REFERRAL FOR SUPPORT**

Young Person’s Name Age

School attended

School leaving date (anticipated or completed)

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What outcomes do you seek for this young person?

What strengths does this person have? What motivates them?

**Please describe any relevant:**

Learning Needs

Social and Emotional Needs

Physical /

Medical Needs

Post School / World of Work Needs

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**Please add anything else that can help us respond to your enquiry.** For example, any “triggers”, sensory issues that you have not previously mentioned.

**Please return this completed form to our Youth Services Manager who will contact you to discuss how we can offer assistance. Her email address is** **alex@pkdofe.com**

**Thank you.**