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|  |  **BRIDGES PROJECT** **Young Person Referral** | Unit 1 Bogpark RoadMusselburghEH21 6RT 0131 6651621mail@bridgesproject.org.uk |
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| Please enter today’s date:  |  |
| Young person info: |
| Name |  | Young’ Person’s Contact number |  |
| Date of birth |  | Street Address |  |
| Age |  | Town |  |
| School |  | Post code |  |
| School leaving date |  | Nationality |  |
| Guidance Teacher |  | Ethnicity |  |
| Sc.Candidate No. |  | Nat. Insurance No. |  |
| Which best describes the young person’s living arrangements? | [ ]  Living with parent(s)[ ] Living in kinship care[ ] Living with foster carers | [ ] Living in a residential unit[ ] Living independently[ ] Unknown |
| Parent/carer/key workers details: (if young person not living independently) |
| Name of young person’s parent / carer / key worker: |  |
| Contact number of young person's parent / carer / key worker: |  |
| Referrer details: |
| Name |  | Street Address |  |
| Job title |  | Town |  |
| Organisation |  | Post code |  |
| Email address |  | Contact number |  |
| Indicators of vulnerability: |
| [ ]  Learning difficulty/disability | [ ]  Physical health  | [ ]  Mental health |
| [ ]  Additional support needs | [ ]  ASD/Asperger’s | [ ]  Anxiety |
| [ ]  Low school attendance | [ ]  Homeless/at risk | [ ]  Pregnant/Parent |
| [ ]  LAAC/LAC | [ ]  Supervision order | [ ]  Young Carer |
| Reasons for referral/support required/other relevant information: |
| *(In order to provide the most effective support/service please provide details)* |
| Consent: |
| Has the young person given consent to this referral? |  [ ]  Yes |  [ ]  No |

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