|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **BRIDGES PROJECT**  **Young Person Referral** | | | | | | | | Unit 1 Bogpark Road Musselburgh EH21 6RT  0131 6651621 [mail@bridgesproject.org.uk](mailto:mail@bridgesproject.org.uk) | | | |
|  | | | | | | | | | | | | |
| 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 |

.