**Youth Pathway Finder Referral Form**

**Referral Criteria:**

* Aged 19-25 years old
* Assigned to a support worker
* Is interested in Education, Training and/or Employment opportunities

**Referral date:**

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| --- | --- |
| **Referrer’s Details** | |
| **Name:** | **Relationship to young person:** |
| **Telephone number:** | **Email:** |

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| **Young Person’s Details** | | |
| **Name:** | **DOB:** | **Ethnicity:** |
| **Gender Identity:** | **Religion:** | **Does the YP have a disability:** |
| **Address:** | | |
| **Phone Number:** | **Email Address:** | **Preferred Language:** |
| **Consent –** Does the YP agree to the referral? **Y/N** | | |

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| **Reason for referral –** please provide context of support needs |
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| **Case Summary** | |
| **Engagement with services** – Previous and current |  |
| **ETE –** Status, SEND, SCLN, income, qualifications, goals |  |
| **Physical and mental health** – Diagnosis, additional needs |  |
| **Safety concerns** – Gangs, weapons, experiences of SYV |  |

**Please send the completed form to** [serrina.lobban@camden.gov.uk](mailto:serrina.lobban@camden.gov.uk)