The information on this form will be used to help us to offer support that meets the young person’s needs and ensure that we keep them and their allocated worker safe. It will be stored securely on The Children’s Society’s systems in line with the General Data Protection Act.

**Once complete please submit referrals to**

icyc@childrenssociety.org.uk

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| **YOUNG PERSONS DETAILS:** |
| **Name:** |  |
| **Date of birth**  |  |
| **Address** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Religion** |  |
| **Contact number for young person (if over 13)** |  |
| **Name and contact number of Guardian:** |  |
| **LAC / CIN / CP / EARLY HELP / NONE** |  |
| **Does this YP consent to being referred to ICYC?** |  |
| **Does their parent consent to the referral?** |  |
| **Does this YP have any special educational needs or disabilities?** |  |

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| **Please tell us why you are referring this young person to ICYC and what you hope they will gain from working with us?** |  |

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| **FAMILY COMPOSITION:** |
| **Name** | **Relationship to young carer?** | **D.O.B** | **Ethnicity** | **Disability?****(Diagnosis of cared-for must be included)** | **Contact Details:** |
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| **DETAILS OF REFERRER:** |
| **Name & Role** |  |
| **Contact Number** |  |
| **Email** |  |
| **Date of Referral** |  |

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| **OTHER KEY PROFESSIONALS INVOLVED IN SUPPORTING THE YOUNG PERSON OR FAMILY:** |
| **Name & Role** |  |
| **Contact Number** |  |
| **Email** |  |

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| **Role** |  |
| **Contact Number** |  |
| **Email** |  |

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| **Role** |  |
| **Contact Number** |  |
| **Email** |  |

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| **Role** |  |
| **Contact Number** |  |
| **Email** |  |