



Prince's Trust

# Referral Form

POST 16

Please ensure you complete section one for every young person you are referring to The Prince's Trust. Section two is not mandatory but should be used if the young person has any support needs that you feel it is important we are aware of to help ensure we support them appropriately. If the young person is an (ex) offender, please read the [Working with Offenders Policy](#) and ensure that you complete section three.

## 1 SECTION 1: COMPLETE FOR ALL YOUNG PEOPLE

### YOUNG PERSON DETAILS

Name:		Date of birth:	
Address:			
Postcode:		Phone number:	
Email:		Prince's Trust programme being referred to:	

### ELIGIBILITY

**Eligible age group** (tick as appropriate):  
 Recommended Education Age *Please complete Qualification level question only*  
 Left Compulsory Education *Please complete all sections below*

**Employment status** (tick as appropriate):  
 Not working at all      Working less than 16 hours per week      Working 16 hours or more per week

**If unemployed, how long for:**

**Education status** (tick as appropriate):  
 Not in education      In education or training less than 14 hours per week  
 In education or training 14 hours or more per week

**Qualification level:**  
 Achieved five A\*-C GCSEs/ Standard Grades at Credit Level or National Qualification five or equivalent  
 Yes      No      Unknown

**Is the young person in custody?**      Yes      No

### REFERRAL AGENCY DETAILS

Referral agency:	Type of agency:
Name(s) of worker(s):	Role(s) of worker(s):
Address:	
Contact number:	Email:

Does the young person have any other workers allocated to them from different agencies? If yes please give details:



## REFERRAL AGENCY DETAILS (continued)

### Reason for referral

Why do you wish to refer the young person to The Prince's Trust?

### Other information

Is the young person an (ex) offender?      Yes      No      *If yes, complete section 3*

Does the young person have any other support needs?      Yes      No      *If yes, complete section 2*

Referrer signature: Please sign or type your name here to confirm that you have consent, from the young person, to provide this information and that you understand that the information you are providing in both the Mandatory Information and Optional Information sections of this form is being collected under the General Data Protection Regulation 2016/679. The Prince's Trust will use the information collected in this form, from both yourself and the young person you are referring, to run, fund, develop and evaluate its programmes. This data will form part of the young person's file and if the young person requests to see information that The Prince's Trust holds on them, under the General Data Protection Regulation 2016/679, we would release this information.

**Name:**

**Date:**

Please complete if the young person has any support needs we need to be aware of. Please provide as much detail as possible as it helps us assess whether the programme is appropriate for their needs and allows us to adjust our support as relevant for each young person.

Which support needs				Not applicable		
<b>Does the young person have any of the following support needs?:</b>						
<b>Childcare</b>	Yes	No				
<b>Caring responsibilities</b>	Yes	No				
<b>Social care involvement</b>	Yes	No				
<b>ESOL support needs</b>	Yes	No				
<b>SEN support needs</b>	Yes	No				
<b>Educational needs/learning difficulties</b>	Yes	No				
<b>If 'yes', please rate level of educational support needs:</b>						
	Low	Medium	High			
<b>Disabilities</b>	Yes	No				
<b>Substance misuse</b>	Yes	No				
<b>In trouble with the police</b>	Yes	No				
<b>Behaviour</b>	Yes	No				
<b>Other support needs</b>	Yes	No				

Support needs detail		Not applicable	
<b>Please use this box to provide details for all the support needs where you have ticked 'yes' above:</b>			

If the young person is an offender, please read [Working with Offenders Policy](#) and provide the following details:

Offending background				
Does the young person have any unspent convictions?	Yes	No		
Details of any unspent convictions:				
Date conviction(s) will become spent:				
Were any of the unspent convictions for:				
Serious violence	Arson	Sexual offences	Offences against children	Other
Date of last conviction:				
Length of sentence:				
Number of prison sentences:				
Is there a risk of the young person re-offending?	Yes	No		
If yes, please rate level of risk:	Low	Medium	High	

Custody details		
Young Offender Institution or Prison Name:		
Prisoner number:		
Earliest date of release:		
Contact address on release:		
Is the young person subject to any electronic monitoring requirements?	Yes	No
Is the young person subject to a curfew?	Yes	No