Falkirk Youth Services

Education Services Referral Form

Under new GDPR legislation, please ensure informed consent has been given by the young person and their parent/guardian (if appropriate)

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| --- | --- |
| **Name:**  | **Date of Birth:** |

|  |  |  |
| --- | --- | --- |
| **Address:** | **Post Code:** | **Tel No:** |

|  |
| --- |
| Parent/Guardian: |

|  |
| --- |
| **School Attended:**  |

|  |  |
| --- | --- |
| Incident(s)/reason for referral: | **Date(s) and time(s) of incident(s)** |

|  |  |  |
| --- | --- | --- |
| **Social Work** Involvement | **Yes / No** | **SW name:****Duty Worker or Allocated Worker:** |

**STATUS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Voluntary Supervision** |  | **Statutory Supervision** |  | **Other** |  |

|  |  |
| --- | --- |
| **Was a report requested in** **relation to this referral?** *(If Yes, please tick appropriate box)* |  Initial Initial Social Education  Enquiry Assess Background |

|  |  |
| --- | --- |
|  **Previous Offences:** **Type:** **Date:** **Outcome:** | **Yes/No Number:****Vandalism Assault BoP Theft Other:**  |

**Type of person harmed: personal/general public/ corporate. If corporate give details:**

**Has the young person had previous participation in a restorative process?**

**Any other useful information relating to referral (if possible, please provide information around any perceived risks) Please use the SHANARRI Indicators when providing this information (Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included):**

**Are the young person’s parent/guardian aware of the referral?**

Date**\_\_\_\_\_\_\_\_\_** Name of Referrer: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SW Area (if applicable):

Contact details: