**REFERRAL FORM – Young People’s Service**

 **DETAILS OF REFERRER:**

|  |  |
| --- | --- |
| Name | Referral Date |
| Organisation / Address |
| Relationship to young person: |
| Referrer Contact details - phone: |
| Email: |

 **DETAILS OF YOUNG PERSON:**

|  |  |
| --- | --- |
| Name | D.O.B. |
| Address |
| Phone | Mobile |
| Email  |

Referral discussed with this young person and consent given to share their information?

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

Young person’s preferred method(s) of contact:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone  | Text | WhatsApp | Email  | Post  |
|  |  |  |  |  |

What are the access needs of this young person? What do they need to be included within the service? (e.g. disabled parking space, ramp, large print, quiet space, communication needs etc)

|  |
| --- |
|  |

A bit about them: (e.g. school, college, employment, activities, living arrangements etc)

Please outline what goal(s) they want support with: (e.g. employment or education opportunities, accessing services, building confidence, developing new skills etc – it’s OK if the young person doesn’t know yet!)

What barriers do they face in their day-to-day life? (e.g. using transport, facilities, access of places they want to visit, financial barriers, social isolation, lack of support or guidance etc)

Anything else you want us to know about them?

**Thank you for completing this form.**

Please email to **megan@ecas.scot** or return it to: Ecas, Norton Park, 57 Albion Road, Edinburgh EH7 5QY.

**Ecas will be in touch as soon as possible.**

For more information on how we hold and process your information please refer to our website [**https://www.ecas.scot/privacy/**](https://www.ecas.scot/privacy/)