

Please complete this form electronically and email to [mantality@leedsrhinosfoundation.org](mailto:mantality@leedsrhinosfoundation.org)

**DETAILS OF YOUNG PERSON**

<b>Name of young person</b>		<b>Age</b>	
<b>Full address inc. postcode</b>		<b>Is the young person aware of the referral?</b>	
<b>Email</b>			
<b>Contact No</b>		<b>D.O.B</b>	
<b>Project Referring to.</b>	<b>Middleton Leisure Centre</b> <input type="checkbox"/>	<b>New Wortley Community Centre</b>	<input type="checkbox"/>

**PRESENTING ISSUES, CONCERNS AND RISK TO THE YOUNG PERSON**

Please identify any issues or concerns which apply that you are aware of.

Disabilities	YES <input type="radio"/>	NO <input type="radio"/>
Substance misuse	YES <input type="radio"/>	NO <input type="radio"/>
Isolation/social skills/personal development	YES <input type="radio"/>	NO <input type="radio"/>
Emotional or mental health concerns	YES <input type="radio"/>	NO <input type="radio"/>
At risk of ASBO/Criminal Activity	YES <input type="radio"/>	NO <input type="radio"/>
Behaviour	YES <input type="radio"/>	NO <input type="radio"/>
Additional learning needs	YES <input type="radio"/>	NO <input type="radio"/>
Existing parent/parent to be	YES <input type="radio"/>	NO <input type="radio"/>
Looked after young person/care leaver	YES <input type="radio"/>	NO <input type="radio"/>
Education	Not in education <input type="radio"/> Home educated <input type="radio"/> Alternative form of education <input type="radio"/>	
Any other support needs? Please specify	YES <input type="radio"/>	NO <input type="radio"/>


**PLEASE EXPAND ON THE ISSUES GIVEN ABOVE**

(Provide all relevant details to inform decisions to be made about appropriate interventions, including any interventions already in place. Please include the sequence of any events/incidents with relevant dates to present as full a picture as possible of the young person/family's circumstance and situation)

**Main Carer/Emergency Contact details**

<b>Name</b>	
<b>Relationship to young person</b>	
<b>Address (if different from above):</b>	
<b>Contact No</b>	

**Other Agencies/Settings Currently involved with the Family/Young Person**

Agency/Setting	Name	Job role	Contact number and Email address





DETAILS OF REQUESTOR ( PRACTITIONER/SCHOOL/AGENCY)			
<b>Name of Referrer</b>			
<b>Job Role</b>		<b>Agency</b>	
<b>Address</b>			
<b>Mobile No</b>		<b>Other No</b>	

ETHNIC ORIGIN MONITORING					
<p><i>Please help us to monitor our Equal Opportunities Policy by ticking the appropriate box, to state what you consider to be the most appropriate description of young person.</i></p>					
Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>	Mixed – white and Black Caribbean	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Black or Black British – any other Black background	<input type="checkbox"/>	Mixed – any other Mixed background	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White – British	<input type="checkbox"/>
Asian or Asian British – any other Asian background	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>	Mixed – White and Black African	<input type="checkbox"/>	White – any other White background	<input type="checkbox"/>
				Any other	<input type="checkbox"/>
				Prefer not to say	<input type="checkbox"/>