

**Prevention Referral**

**Young person’s details**

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| **Name:** | **Date of Birth:** | **Gender:** |
| **Ethnicity if known:** | **Parent/Carer details/ do they have parental responsibility**  **Address**  **Contact number** | |
| **Address:** | | |

**Referrer**

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| --- | --- |
| **Name:** | **Position:** |

**Reason for referral**

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**What is referrer wanting from YOS?**

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**Is YP attending school, if so which**

**Risk** **factors – to staff and others**

**Safeguarding/vulnerability issues**

**Other** **agencies involved with YP – reason for their involvement**

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**What other work is being undertaken**

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**Any further information relevant to this referral**

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**Please complete in full and return to South Tees Youth Offending –** [**Sheelagh\_gillespie@middlesbrough.gov.uk**](mailto:Sheelagh_gillespie@middlesbrough.gov.uk)

**ANY REFERRALS NOT FULLY COMPLETED WILL BE RETURNED**