Please complete the following referral for support from the Vale of Glamorgan’s STRIVE project.

**SECTION A:**

Please indicate whether this referral is due to a Homelessness and/or NEET prevention support as this will ensure the young person, if accepted, will be supported by the most appropriate member of staff.

**SECTION B:**

Please complete this section fully. Parental consent must be received prior to the referral being sent, with consent from the young person being preferred in addition to this.

With reference to the options of support (School-based 1:1 / group work; Community engagement; Outdoor offer; and Progression and positivity activities), please use the below table as an indication to the support that can be offered.

|  |  |  |  |
| --- | --- | --- | --- |
| School-based 1:1 / group work | Community engagement | Outdoor offer |  Progression and positivity activities  |
| Accreditation | Community projects  | Sports and fitness | Health, wellbeing and mindfulness  |
| Topic based sessions | Sessions within their local area | Outdoor activities eg forest based, beach based and land based | Finance support  |
| Building positive relationships  | Universal engagement offer  | Residentials  | Post 16 discussions and planning  |
| Confidence and social skills  | Awareness campaigns  | Adventurous activities  | Lifestyle planning |
| Motivational sports sessions | Wider family engagement  | Motivational sports sessions  | Healthy living  |

N.B. By referring for the above support, it is accepted that this work will be undertaken on the school site, during school hours, for school-based work, and during school hours in various locations for the outdoor offer and other activities. This will be undertaken in discussion with the school and parent/carer but can involve the young person going off-site during the school day.

**SECTION C AND D:**

Please complete these sections as fully as possible to ensure the most appropriate support can be provided, as well as allowing Strive to effectively triage the referral.

|  |
| --- |
| **SECTION A: Is this a Homelessness prevention concern and/or NEET prevention concern?** |
| **Homelessness Prevention** [ ]  | **NEET Prevention** [ ]  |
| **SECTION B: REFERRER DETAILS** |
| Name of Referrer  |  |
| Date of Referral |  | School / College / Agency |  |
| Email |  | Contact Number |  |
| Have you obtained parental consent for this referral? (Essential) |[ ]
| Have you obtained participant consent for this referral? (Optional) |[ ]
| Is this referral for? Or would the young person benefit from (please highlight): |
| School-based 1:1 / group work | Community engagement | Outdoor offer | Progression and positivity activities  |
| Signature |  | Date |  |
| **SECTION C: YOUNG PERSON’S DETAILS** |
| Name |  | D.O.B / Age |  |
| Address |  |
| Postcode |  | Contact Number |  |
| Gender*(Registered at birth and identified)* |  | Pronouns |  |
| Ethnicity |  | Preferred language |  |
| School and year group |  | ALN |  |
| Registered School and current provision |  | Contact |  |
| Parent/carer name |  | Parent/carer contact number |  |
| Relationship to young person |  | Additional information, if needed  |  |
| Please confirm if the young person is at Risk of becoming NEET or Homeless and has been identified through the Early Identification Tool (EIT) System? | Yes | [ ]  | No |[ ]
| Which indicator does the young person require support to address/improve through engagement with the Project? | Attendance |[ ]  Behaviour |[ ]
|  | Attainment  |[ ]  Well-being |[ ]
| Agencies involved (please list contacts as well as agency) |
|  |
| **SECTION D: REASON FOR REFERRAL** |
| Why is the young person being referred? Brief outline of current situation. |  |
| Desired outcome of intervention |  |
| What measures have already been taken to support the young person if any? |  |
| How successful have these measures been?  |  |
| Are there any risks associated with the young person that the project should be aware of? (If yes, please give details) | Yes | [ ]  | No |[ ]
|  |
| Risk assessment attached? | Yes | [ ]  | No |[ ]

Please return completed referrals to strive@valeofglamorgan.gov.uk

|  |
| --- |
| For Office use only: |
| Date referral received |  | Date referral reviewed at panel |  |
| Referral accepted: | Yes | [ ]  | No |[ ]
| Reasons, if referral not accepted: |  |

|  |
| --- |
| Initial Assessment For Office Use Only : |
| Additional family members in the home |  |
| Initial assessment and observations. |  |
| Follow up required? | Yes |  | No  |  |
| Referral continued or closed following assessment | Open |  | Closed |  |
| Rationale for closure  |
|  |