Glasgow’s Youth Gateway Referral Form



Please complete form and email to: Maxine.morrison@education.glasgow.gov.uk

|  |  |
| --- | --- |
| School/Job Centre Attended: |  |
| Name: |  | dob |  |
| Address: |  |  |
| Postcode: |  |
| Gender: | Male: [ ] Female: [ ]  | Telephone no:  |  |
| Mobile no: |  |
| Ethnicity: |  | Does the young person know they have been referred? | Yes [ ]  No [ ]  |
| RAG Rating: | Red: [ ]  Amber: [ ]  Green: [ ]  | National Insurance no: |  |

**Reason for Referral: Please tick below**

|  |  |  |  |
| --- | --- | --- | --- |
| Disengaged from Learning/ Unemployed | [ ]  Yes [ ]  No | CP/VY Procedure | [ ]  Yes [ ]  No |
| Been referred to JST | [ ]  Yes [ ]  No | Attendance Issues | [ ]  Yes [ ]  No |
| Young Carer/Parent | [ ]  Yes [ ]  No | Excluded From School/Programme | [ ]  Yes [ ]  No |
| Looked After At Home | [ ]  Yes [ ]  No | ASN/Staged Intervention  | [ ]  Yes [ ]  No |
| Looked After Away From Home | [ ]  Yes [ ]  No | Young Parent | [ ]  Yes [ ]  No |
| Other Social Work Involvement | [ ]  Yes [ ]  No | English as an additional language | [ ]  Yes [ ]  No |
| Refugee | [ ]  Yes [ ]  No | Young Offender | [ ]  Yes [ ]  No |
| Asylum Seeker | [ ]  Yes [ ]  No | Low Attainment | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Benefit Status: Is the young person currently in reception of benefits? | [ ]  Yes [ ]  No |
| If yes, please tick as appropriate: | [ ]  Job Seekers Allowance | [ ]  Income Support |
| [ ]  Other (Please specify): | [ ]  Disability Living Allowance | [ ]  Incapacity Benefit |
|                                                                             |

**Other relevant information:**

|  |
| --- |
|  |

**Other agency involvement (please provide details below):**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: | Name of Worker: | Tel No: | Email: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Health and Additional Support**

If the young person you are referring has any health and additional support issues, please complete as

much information in this section as possible.

|  |  |
| --- | --- |
| **Physical Impairment** | Mobility [ ]  Wheelchair User [ ]  Other (Please specify)  |
| **Sensory Impairment** | Visual [ ]  Hearing [ ]  Speech [ ]  |
| **Learning Disability / Difficulty** | Dyslexia [ ]  Dyspraxia [ ]  Other [ ]  Profound / Complex Learning Disability [ ]  |
| **Cognitive Impairment** | Autistic Spectrum [ ]  ADHD or ADD [ ]  Aspergers [ ]   |
| **Mental Health** | Depression [ ]  Anxiety [ ]  Bi-Polar [ ]  Other (Please specify)  |
| **Long standing health condition** | Cancer [ ]  HIV [ ]  Diabetes [ ]  Epilepsy [ ]  Chronic Heart Disease [ ]  Renal [ ]  Other (Please specify)  |
| **Other health factors** | Colour Blindness [ ]  Multiple Health Issues [ ]  Skin Condition [ ] Other (Please specify)  |
| **Other Additional Support Need**  | Drug/Alcohol Issues [ ]  Homelessness [ ]  Literacy/Numeracy [ ] Other (Please specify)  |

I give consent for information about me/my child in relation to my/their contact details, employability skills, career choices and progress to be shared with partner agencies.. This information will be shared between Youth Gateway partners (Skills Development Scotland (Careers), Glasgow City Council and Glasgow’s Regeneration Agency and local colleges) for the purpose of informing and furthering my/their education and providing appropriate services. All information about me/my child shall be stored confidentially. I agree that information about me/ my child can also be used in an anonymised form to enable statistical analysis of data for research. I understand that those with access to my data are bound by law and the Data Protection Act 1998 when sharing this information.

Client/Parent Signature………………………………………………………………Date..................................................

|  |  |
| --- | --- |
| Referring Agency: |  |
| Name of Referrer: |  | Job Title: |  |
| Contact Details: | Tel: (Office) |  | Mobile: |  |
| Email: |  | Date of referral: |  |
| Worker Allocated:  |  | Agency: |  |
| Date of First review: |  |