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: |
|  |  |  |  |
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**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: |  | | | |