



## BASELINE NEET SERVICE REFERRAL FORM

PLEASE COMPLETE IN BLOCK CAPITALS AND FILL IN EVERY SECTION FULLY

### 1. Referral Source

Referring Agency	
Name of Referrer	
Contact number/s	
Email address	

### 2. Personal Details: Please provide us with the young person's contact information

First Name:		DOB:
Last Name:		Current Age:
Gender:		Ethnicity:
Disability/Learning Difficulties:  Y/N	Please give details:	Does the young person have a Statement of Educational Need / EHCP plan? Please state which:
Home Telephone		
Mobile number/s		
Full Address		

### 3. Which of the following categories does this young person fall into? (More than one box can be TICKED if applicable):

<ul style="list-style-type: none"> <li>• NEET</li> <li>• At risk of becoming NEET</li> <li>• Teenage Parent</li> <li>• Pregnant</li> <li>• In care/facing a care placement</li> <li>• Care leaver</li> <li>• Young Carer</li> </ul>		<ul style="list-style-type: none"> <li>• Anti-social behaviour</li> <li>• Negative peers</li> <li>• Attendance concerns/Truant</li> <li>• Engaged with YOS</li> <li>• Perm/Temp Exclusion</li> <li>• Substance misuse</li> <li>• Other reason (please specify</li> </ul>	
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**4. Reasons for referral (Please include any relevant information/issues/concerns/level of risk)**

**5. Work undertaken by referring agency (Please include past of present involvement with other support agencies)**

**6. Referrer's recommendation for action. (Please include any details that may assist in helping to prioritise young person's eligibility for a NEET key worker.**

**7. Diversity Monitoring: which group has the young person chosen as their Ethnic Origin?**

<b>BLACK</b>	<b>WHITE</b>	<b>MIXED</b>	<b>ASIAN</b>	<b>OTHER</b>
African	White British	White & Asian	Chinese	Refused
Caribbean	White Irish	White & Black African	Indian	Not obtained
Black British	White European	White & Black Caribbean	Pakistani	Other
Any other Black background	Any other White background	Other mixed background	Any other Asian background	

Signature of Young Person: \_\_\_\_\_ Date: \_\_\_\_\_

NB: if young person's signature is absent:

I have gained consent of the young person and/or Parent/Carer for this referral to take place.  
I understand that it is the right of the young person and/or the Parent/Carer to see this form.

Signature of Referrer: \_\_\_\_\_ Date: \_\_\_\_\_