**Together Programme Referral Form**

This life skills and personal development programme is for young people from 15-24, particularly those that are not in employment, education or training.  Starting with one to one coaching to get to know you, we will then tailor a programme to suit your requirements.  Supported by a network of local businesses, organisations and individuals, the programme will cover the following:

▪️Life Skills ▪️Coaching ▪️Work Skills ▪️Employability ▪️Wellbeing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name |  | | | | |
| Date of birth |  | Gender | | |  |
| Address |  | | | | |
|  | | | | | |
|  | | | Postcode |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What forms of contact can we use? (Please circle) | | Phone / Text / Email | | |
| Home phone |  | Can phone home? | | Yes / No |
| Mobile |  | Can phone mobile? | | Yes / No |
| Email address |  | | | |
| Are parents / carers aware of this referral? | | | | Yes / No |
| Emergency Contact 1: |  | Relationship to you: | |  |
| Contact number |  | | | |
| Emergency Contact 2: |  | Relationship to you: |  | |
| Contact number | |  | | |

Reason for Referral

|  |
| --- |
| Please tell us about your current circumstances? |
|  |
| Are there any specific areas of your life you would like extra support with? E.g. confidence, mental health, job skills, interview techniques, finances, further education |
| ❏Confidence ❏Mental Health ❏Job Skills ❏Interview Techniques ❏Finances ❏Further Education ❏Other |
|  |
| What outcome are you hoping for from being on this programme? |
|  |
| Do you have any additional support needs we need to be aware of? E.g. Dyslexia, ADHD, Autism etc. |
|  |
| Do you have or have you had an EHCP (Education Health Care Plan)? |
|  |
| How did you find out about our programme? |
|  |

Referrer Information ❏ I am referring myself (Tick here)

|  |  |
| --- | --- |
| Referring agency name and address |  |
| Relationship to young person |  |
| Contact Number |  |
| Email |  |

|  |  |
| --- | --- |
| I understand that The Mix is a multiagency team & that my information may need to be discussed between staff or other professionals to better support me. | ❏Yes ❏No |
| I wish to be referred for Together Project at The Mix and understand that the details on this form will be held on paper and electronically by The Mix.  Date: Signed: | |
| For admin use only:  Date: Received by: Allocated to: | |