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Ysbrydoli i Gyflawni
Inspire 2 Achieve

Cyngor Bwrdeistref Sirol
MERTHYR TUDFUL
MERTHYR TYDFIL
County Borough Council

REFERRAL FORM

PRIVATE AND CONFIDENTIAL

Personal Information				
Name of person being referred		School Year		
Address		Date of birth		
Tel No.		Gender		
Has parental/carer permission been obtained?			Yes☐	No☐
Parent/Carer name		Tel No.		
Referring Agency Details				
Referring Agency		Tel No.		
Name of Referrer		Email		
Address		Date		

Reason for Referral (attendance, attainment and behaviour are pre 16 only)					
Low attendance	☐	Emotional Issues	☐	Young Offender	☐
Challenging Behaviour	☐	Social Issues	☐	Young Carer/parent	☐
Low levels of attainment	☐	Financial Issues	☐	Substance Misuse	☐
(above relates to pre 16s)	☐	Health Issues	☐	Family relationships	☐
Other Agency Involvement					
Barnardo's	☐	CAHMS	☐	Open to EHH	☐
CLA	☐	YOS	☐	ALN Support	☐
Education Inclusion Support	☐	Education Psychology Support	☐	Other (please state)	
Behaviour Support		Social Services			
Client History					

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POWERED BY LEVELLING UP

1. Does the young person have serious behavioural difficulties.	Violence/aggression	☐
	Committer or bullying	☐
	Anger Management	☐
	Communication	☐
	Other (please state)	
2. Does the young person have a history of any of the following	Self-Harm	☐
	Use of alcohol	☐
	Use of drugs	☐
3. Has the young person had any dealings with the youth offending team?	Custody	☐
	Anti-Social Behaviour	☐
	Youth prevention	☐
	Statutory service	☐
4. Has the young person got any additional learning needs?	Statemented	☐
	Dyslexia	☐
	Aspergers	☐
	ADHD	☐
	Other (please state)	
5. Does the young person have any permanent exclusions?	Yes	☐
	No	☐

Interventions (Please tick the interventions you feel the young person requires)	
Lead working 1:1 support	
Bespoke qualification	
Employer engagement	
Careers focused 1:1 and group sessions	
Enhanced post 16 transition support (year 11 only)	

Additional Information

Please provide any relevant background information or risk assessment information.

Please tick the box to indicate this referral has been discussed with the young person☐

Signed by referrer		**Date**	

OFFICE USE ONLY. Date received: Received by: