Tonbridge & Malling

Y2

Referral Form

**Referrer Details:**

|  |  |
| --- | --- |
| Education placement |  |

**Support worker:**

|  |  |  |  |
| --- | --- | --- | --- |
| Named contact |  | Role |  |
| Contact Number(s) |  | Email  |  |

**Young Person Details:**

|  |  |
| --- | --- |
| Young Person |  |
| DOB |  |
| Contact Number(s) |  |
| Email |  |

**Parental Details:**

|  |  |
| --- | --- |
| Parent / Guardian |  |
| Contact Number(s) |  |
| Email |  |

**Tick location:**

|  |  |
| --- | --- |
| Longmead 25/27/29 July |  |
| East Malling 1/3/5 Aug |  |
| Snodland 8/10/12 Aug |  |

**Information given below will help us to make sure we bring the right mix of young people together for the best experience for all**

|  |
| --- |
| Any sensitive issues – for example any family issues, bereavement issues, learning difficulties? |
|  |
| Is there anything else we should be aware of? Friendship groups and dynamics? Concerns around social media usage? |
|  |
| Please list any agencies the young person is receiving support from and what that support currently looks like. |
|  |

|  |  |  |
| --- | --- | --- |
| Family have completed open access membership form | Yes | No |
| Core+ Number (Admin only) |  |

Please return referral form to Tonbridgeyouthhub@kent.gov.uk