



Youth Commission Referral Form

Name of Referring Agency	Date of Referral
Key worker	Job Title
Contact Number	Email

Child / Young Person's Name		Gender
Date of Birth	Age	Disability
School	Ethnicity	
Address		Mobile Number
		Parent/ Carer's Name
Is the Parent/ Carer aware of the referral?		Parent / Carer's Contact Details
Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Please ensure that the young person and parent / carer are aware of this referral.</i>		

Which **service** are you referring this child to? (please select one)

One to one support			
One to one emotional support for young people 11 – 18years		6 weekly sessions with a volunteer mentor	
Bereavement support		Serious illness in the family	
Advice for parent/ carer One to one support <i>Relationship of the child to the deceased:</i>		Advice for parent/ carer One to one support <i>Relationship to person with a serious illness:</i>	
Groups			
Would this young person be suitable for small groups? Would this young person engage in youth club settings?		Other Please specify the need:	

Please note we run bespoke groups throughout the year, which we will advertise as and when they are available and do not hold referrals in between this period.

The Sunflower Project aims to run a group annually for bereaved children aged 8-16 who have had a parent or sibling die. We would welcome referrals but the criteria for attending are very specific and we would recommend referrers speak to us before offering this to a family.

Reason for referral: *Please write as much information as possible, this will help us to ensure that we are the right service to offer support and allocate the right service.*

Reason for referring:

What support do you think they need?

Relevant history of child

To ensure purpose to our work, we create **goals** with each young person to work on. From your discussions with this young person, what goals do they wish to work on?

- 1.
- 2.
- 3.

Are you aware of any other **Agencies/Professionals** currently or previously working with the young person/ family?

Does this young person have an allocated social worker

Agency	Name of Worker	Email	Tel. No.

Please email this referral form to: **info@youthcommission.gg**

Our referrals and allocation meetings are held on Monday morning so children and families will be contacted after they have been reviewed on a Monday.