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|  | **SWEET Referral form** |  |

**OFFICIAL SENSITIVE**

**Referral for intensive Specialist Education, Employment & Training (EET) support for 16+ REOC, Looked After and Leaving Care young people**

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| Name of young person: |
| Address: |
| Age: Phone Number(s): |
| Is the young person aware of this referral? Yes / No |
| Is there any reason why this person cannot fully participate in an EET support meeting? No  Yes |
| If Yes, please explain why and what additional support is needed to increase their participation (eg interpreter/female or male only interviewer)? |

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| Reason for referral:  Status (please circle): REOC referral / Care Leaver: Eligible / Relevant / Former Relevant |

**Additional information**

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| Specific barriers: does the young person have any specific additional barriers/risk factors? | Yes / No  If yes, please indicate and provide brief details (eg persistent mental health issue, Asperger's, history of problematic alcohol/drug misuse etc).  Health issues/disability  Socialisation skills  Housing/ Independent living skills  Budgeting  Offending behaviour  Domestic violence or abuse  Drug/alcohol misuse  Young carer  Concerns relating to CSE  Other (please state)  The allocated agency will contact you for further information. |
| Are there any risks associated with direct 1-1 work with this person or which preclude specific EET activities? | Yes / No  If yes please give brief details (lone working issues, risk to others etc). The allocated agency will contact you for further information. |
| Does the young person have any convictions? | Yes / No / Not known |
| Is the young person currently subject to a YOS/Probation order? | Yes / No  If yes, date order expires: |
| Currently or imminently living at a supported housing project? | Yes / No  If yes, please give name of the project:  If no, please indicate current type of accommodation: |
| Current immigration status (if relevant)? |  |

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| Current EET status |  |
| Brief EET history eg previous placements, qualifications achieved |  |
| What is the planned activity/area of interest/what is the support needed etc? |  |

**Other key people and support workers including Case Manager**

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| Name: | Role: | Tel: |
| Name: | Role: | Tel: |
| Name: | Role: | Tel: |

**Person making referral**

|  |  |  |
| --- | --- | --- |
| Name: | Role: | Tel: |
| Organisation: | Email: | |

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| **Date of referral**: |

Please email all referrals to VirtualSchool.LAC@Oxfordshire.gov.uk and the allocated worker will be in contact shortly.

**VSLAC Office Use Only**

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| Referral accepted | Yes / No | Date allocated |  |
| Allocated agency |  | | |
| Reason if not accepted |  | | |
| Reviews & Outcomes |  | | |
| Date closed |  | | |

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