



**Referral form**

*Carefirst Services supports Young People Leaving Care and Unaccompanied Asylum Seekers age 16+.*

**To find out more about our service please contact  
Carefirst Services on 0121 551 0973**

ABOUT THE PERSON COMPLETING THE FORM	
<b>Date of completion</b>	
<b>Filled in by</b>	
<b>Team</b>	
<b>E-mail address</b>	
<b>Telephone number</b>	
<b>Postal address</b>	

ABOUT THE YOUNG PERSON YOU ARE REFERRING					
<b>Name</b>		<b>Date of birth</b>		<b>Age*</b>	
<b>Telephone number</b>		<b>Disability</b>			
<b>Postal address/ Current living situation</b>		<b>Gender</b>			
		<b>Ethnicity</b>			
		<b>Language</b>			
		<b>Nationality</b>			
		<b>Immigration status</b>			

YOUNG PERSON'S OCCUPATION	YES / NO	DETAILS WHERE KNOWN
<b>In education</b>		
<b>In training</b>		
<b>In employment</b>		
<b>Receiving benefit</b>		

**ARE THERE ANY SIGNIFICANT ADULTS INVOLVED IN THE YOUNG PERSON'S LIFE? PLEASE LIST BELOW AND PROVIDE CONTACTS:**

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<b>NAME OF SOCIAL WORKER</b>		<b>ADDRESS/PHONE</b>
<b>TEAM</b>		
<b>PLACEMENT TYPE</b>		<b>YOUNG PERSON'S HEALTH</b>
<b>Duration</b>		
<b>Area</b>		
<b>Other</b>		
<b>Date Required From</b>		

**Please provide information on the area of support needed and a risk assessment (Please Circle)**

<b>YOUNG PERSON (YP)</b>		
It was recommended in YP's Review	C1	<u>ANY EXTRA INFORMATION YOU WANT TO TELL US?</u>
YP is feeling lonely	C2	
YP is feeling confused	C3	
YP has experienced abuse	C4	
YP would like to get into Education, training or employment	C5	
YP does not have much confidence	C6	<b>RISK ASSESSMENT</b> Are there any known risks to staff and volunteers who may be working on a one-to-one basis with the young person?  YES/ NO (please delete as appropriate)  If yes, please comment:
YP want to learn to be a good parent	C7	
YP needs to learn to stay out of trouble	C8	
YP wants to try some useful activities	C9	
Learn to live in an accommodation	C10	
YP would like to care for himself/ Herself better	C11	
YP had a hard time in my own country	C12	
YP has difficulties accessing services	C13	
YP has immigration issues	C14	
YP has UK language and cultural difficulties	C15	
YP misuses substances	C16	
YP's carers abused or neglected her/ him	C17	
Others	C18	

Please send the completed form to:  
**Carefirst Services @ Villa Cross Pointe, 243 Lozells Road, Birmingham B19 1RJ**  
**Tel: 0121 551 0973**  
**Fax: 0121 551 1056**  
 Email: [info@carefirstservices.com](mailto:info@carefirstservices.com)  
 Website: [www.carefirstservices.com](http://www.carefirstservices.com)