

**Referral for Youth Programme**

Please email the completed form back to your team leader or christine.mitchell@cheshirefire.gov.uk

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Details** | | | |
| Name of Young Person: |  | | Date of birth: |
| School  Phone |  | School contact :  Name  email | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Needs Assessment** | | | | | | |
| 1 | Is the student mature enough to: | | |  | |  |
|  | Travel to and from Course site safely : | | | Yes | | No |
|  | Behave Responsibly whilst off-site | | | Yes | | No |
| 2 | Does the student have any behaviour needs that could place him/her more at risk when working off-site? | | | Yes | | No |
| 3 | Could the student’s behaviour needs increase the risk to other students when working off- site? | | | Yes | | No |
| 4 | Does the student have any specific medical needs that providers will need to be aware of and/or manage?  Will these place him/her at risk in an off-site or work-related environment? | | | Yes (please give brief details)  Yes | | No  No |
| **General Attitude** | | **Yes** | **No** | | **If No Explain** | |
| Respects others property | |  |  | |  | |
| Appears confident | |  |  | |  | |
| Abides by school rules | |  |  | |  | |
| Enjoys new situations | |  |  | |  | |
| Cares about own performance | |  |  | |  | |
| On time for Sessions | |  |  | |  | |
| Extrovert | |  |  | |  | |
| Works well with peers | |  |  | |  | |
| Follows instructions | |  |  | |  | |
| Works well independently | |  |  | |  | |
| Co-operative | |  |  | |  | |
| Speaks/Answers politely | |  |  | |  | |
| Good concentration | |  |  | |  | |
| Controls Self-will | |  |  | |  | |
| Moves onto next task well | |  |  | |  | |
| Settles down to Routine | |  |  | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are there any issues regarding:** | | **Yes** | **No** | **If Yes Explain** |
| Physical violence | |  |  |  |
| Verbal violence | |  |  |  |
| Substance Misuse | |  |  |  |
| Alcohol Misuse | |  |  |  |
| Court Convictions | |  |  |  |
| Sexual behaviour | |  |  |  |
| Offending /Anti-social behaviour | |  |  |  |
| Self harm | |  |  |  |
| Fire Setting | |  |  |  |
| Hoax calls | |  |  |  |
| **Invoicing** | | | | |
| Contact details of person in Finance for invoice to be sent | Name: Phone:  Email: | | | |
| Purchase Order No (if necessary) |  | | | |

**DATA PROTECTION**: We understand how important your personal information is. Your personal information will be used to facilitate delivery of the programme which you are have asked to participate in. Your personal information will be treated in strict confidence and will only be retained whilst you are participating in the programme. However we will keep a record of your attendance until you reach 25 years old in order to fulfil our statutory obligations. If we want to share your information we will ask for your consent to do so. There may be occasions where we are need to share your information without your consent e.g. to protect you or someone else at risk. However this will only be done where absolutely necessary and where the law allows it. Details of how to exercise your data rights, including how to access the information we hold about you, can be found on our website (www.cheshirefire.gov.uk). If you have any questions or you would like to find out more about how we use your information you can ask one of our team or visit our website. Please let us know if you are unhappy about the way your personal information has been used. If you remain dissatisfied you have the right to complain to the Information Commissioners Office at www.ico.org.uk.

**I have risk assessed the student and consider him/her to be suitable for referral to the TYST course**

**Signature of referrer** ......................................................

**Equality Monitoring Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** |  | Male |  | Female |  |  |  |
| **Ethnic Origin** | **White** | British |  | Irish |  |  |  |
|  |  | Any other white background |  | Please specify |  |  |  |
|  | **Gypsy and Traveller** | Romany Gypsy  (of English, Scottish or Welsh origin) |  | Irish Traveller |  | Roma |  |
|  | **Mixed** | White & Black Caribbean |  | White & Asian |  | White and Black African |  |
|  |  | Any other mixed background |  | Please specify |  |  |  |
|  | **Asian or Asian British** | Indian |  | Pakistani |  | Bangladeshi |  |
|  |  | Any other Asian background |  | Please specify |  |  |  |
|  | **Black or Black British** | Caribbean |  | African |  |  |  |
|  |  | Any other Black background |  | Please specify |  |  |  |
|  | **Chinese or other ethnic group** | Chinese |  | Any other ethnic group |  | Please specify |  |
| **Disability** | **Do you consider yourself to be disabled** | Yes |  | No |  |  |  |
| **Age** | **13** | 14 |  | 15 |  | 16 |  |