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**CITY OF EDINBURGH COUNCIL – ACTIVITY AGREEMENT REFERRAL FORM**

**YOUNG PERSON’S DETAILS**

|  |  |
| --- | --- |
| **Name:** | **Gender: M / F** |
| **Date of Birth:** | **Age:** |
| **Ethnicity:** | **Primary Language:** |
| **Address:** | **Contact Number:** |
| **Last school attended:** | **School leaving date:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BARRIERS TO EMPLOYMENT/EDUCATION/TRAINING**  Please tick the appropriate box/es | | | | | |
| **Additional learning needs (Dyslexia/ADHD)** |  | **Drug/alcohol issues** |  | **Emotional/behavioural difficulty** |  |
| **English as a second language** |  | **Homeless** |  | **Lack of confidence** |  |
| **Literacy/numeracy** |  | **Looked After/After Care** |  | **Low Communication/Interpersonal Skills** |  |
| **Low Vocational Skills/Qualifications** |  | **MCMC** |  | **Mental Health** |  |
| **Motivational issues** |  | **Physical Health/Disability** |  | **Young Carer** |  |
| **Young Parent** |  | **Young Offender** |  | **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

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| --- |
| **SUPPORTING STATEMENT – Please provide your reasons for referral and what the young person aims to achieve** |

**REFERRER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **School/Organisation:** | | |
| **Business Address:** | **Telephone: (Work)**  **(Mobile)** | | |
| **Work Email:** | **Signature:**  **Date:** | | |
| **Does the young person know you are referring them?** | | **Yes** | **No** |
| **Have you asked permission from the young person to share their personal information?** | | **Yes** | **No** |

Please send completed referrals to:

**Activity Agreements, City of Edinburgh Council, G.1, 4 East Market Street, Edinburgh, EH8 8BG**

**activityagreements@edinburgh.gov.uk**

|  |  |  |
| --- | --- | --- |
| *FOR OFFICE USE ONLY* | | |
|  | | |
| Date referral form received: |  | |
| Has this referral been accepted? | **YES** | **NO** |
| **ACCEPTED REFERRAL INFORMATION**  If the referral has been accepted, complete the following: | | |
| Date referrer informed: |  | |
| Referred to: |  | |
| Additional Information: | | |
| **REJECTED REFERRAL INFORMATION**  **If the referral has been rejected, complete the following:** | | |
| Date referrer informed: |  | |
| Reason referral has been rejected | YP not Stage 1 | YP too old/young |
| YP previously successfully completed stage 2 | No barriers identified |
| YP lives in different local authority | YP previously successfully completed college |
| YP previously disengaged from AA with no improved circumstances | Referrer informed YP no longer interested |
| YP moved on to PD since referral made | YP awaiting start date for PD |
| Additional Information: | | |