**CHAMPIONS REFERAL FORM**

CHAMPIONS is an innovative intervention programme helping young people, aged 10-25 with experience of or at risk of offending behaviours. The programme covers Lancashire, including Blackpool and Blackburn with Darwen and is delivered by nine football community trusts across the region.

We offer mentoring support, signposting, activities in the community via the trust and support into activities provided by other local organisations. This focusses around understanding the young person, discovering what their aspirations are and helping them to achieve them.

**Participation is voluntary and relies on a positive approach from both the mentor, the young person and others involved in their support network.** Please complete as fully as possible to enable a full assessment of suitability. We’re unable to accept incomplete referral forms.

|  |  |
| --- | --- |
| Do you have consent verbal/ written from parent/ guardian (under 18’s) and young person to say they want to work with CHAMPIONS? | YES / NO |
| Does the parent/ guardian (under 18’s) and young person consent for you to share their information with us? | YES / NO |
| **Confirmed consent is required in all cases and must be noted in your records.** | |

|  |  |
| --- | --- |
| **Referring organisation details** | |
| Referral organisation |  |
| Name |  |
| Position |  |
| Address |  |
| Postcode |  |
| Number |  |
| Email |  |
| In what capacity do you know the young person |  |
| How long have/ will you be working with the young person |  |

|  |  |
| --- | --- |
| **Young person details** | |
| Name |  |
| Address |  |
| Postcode |  |
| Phone number |  |
| Age |  |
| Date of Birth |  |
| Gender |  |
| Ethnicity |  |
| Does the young person consider themselves to have a disability? If yes, please give details |  |
| Name of GP |  |
| Any medical information we should be aware of? Any dietary requirements? |  |

|  |  |
| --- | --- |
| Parent/ Guardian Details (if applicable) | |
| Name |  |
| Relationship to young person |  |
| Address |  |
| Postcode |  |
| Parents number |  |
| Parent/ carer email |  |
| Additional emergency contact | |
| Name |  |
| Relationship to young person |  |
| Number |  |

|  |  |
| --- | --- |
| Education | |
| Does the young person attend school/ college / other? |  |
| Name of School/ other |  |
| Name of link staff member |  |
| Phone number |  |
| Email |  |
| Current school attendance rate as percentage for previous term / last 6 weeks |  |

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| --- | --- | --- | --- |
| **Referral details** | | | |
| So, we get to know the young person a bit more please put an ‘X’ next to the relevant boxes. | | | |
| Looked after child |  | Alcohol and drug use |  |
| Domestic violence |  | Early aggression/ Disruptive |  |
| Early involvement in crime / ASB |  | Positive / supportive attitudes towards violence |  |
| Dislike own peers/ absence of social ties |  | Parental involvement in ASB/ Crime |  |
| Not In Education, Employment or Training |  |  |  |
| Parent/ Guardians who are not supportive |  | Other: |  |

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| --- |
| Any triggers that may affect the young person? Please state below |
|  |
| What is the reason for your referral? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Is the young person currently accessing other services? Please put an ‘x’ next to the relevant boxes | | | |
| Social Care |  | Children & Families Wellbeing |  |
| Health Services (please specify below) |  | Third Sector |  |
| Probation Services |  | Early Help |  |
| CYJS/YJS |  | Drug/Alcohol Treatment Services |  |
| Further Information: | | | |

|  |  |
| --- | --- |
| Do you have a risk assessment on the young person you could share? | Please attach via email |

**Parent / Guardian Consent (under 18’s only):**

I have agreed for my child/ young person to participate with the CHAMPIONS programme and I understand that the information shared is protected by data protection, however I consent to sharing of information with agencies who are already supporting my child, as indicated above.

I understand that you might make enquiries with statutory agencies to obtain background information relating to my child which assists in you understanding their support needs and suitability for the programme.

**Website**- we set up user accounts so our clients can review their progress and be contacted online. Do you consent to this and the setting up of an email account if they don’t have one? YES/NO

**Parent / Guardian Signature: Date:**

NAME:

**Client Consent**

I understand that I will be working with the CHAMPIONS programme and that any information provided may be shared with parties who have an interest in the support available to me. I understand that you might make enquiries with statutory agencies to obtain background information relating to me which helps you understand my support needs and suitability for the programme.

**Client signature: Date:**

NAME: