

Please provide as much detail as possible on this form when you are referring to Checkin/Giraffe, it helps us assess whether the programme is appropriate for their needs, and allows us to adjust our support as relevant or each person.

Client Details

Name:	Date of birth:
Address:	
Phone number:	Email:
Checkin/Giraffe area of referral	
Horticulture Catering Customer service OTHER (please add details)	

Referral Agency Details

Referral Agency:	
Type of Agency:	
Name(s) of worker(s):	
Address:	
Contact no:	Email:
Does the client have any other workers allocated to them from different agencies? Yes/No If Yes please give details:	

Background Details about the Client

Reason for Referral
Why do you wish to refer the client to Checkin/Giraffe?:
Current Situation
Employment status (tick as appropriate): <input type="checkbox"/> Not working at all <input type="checkbox"/> Working 16 hours or less per week <input type="checkbox"/> Working more than 16 hours per week
Education status (tick as appropriate): <input type="checkbox"/> Not in education <input type="checkbox"/> In education or training less than 12 hours per week <input type="checkbox"/> In education or training 12 hours or more per week
Offending Background <input type="checkbox"/> Not applicable
If the client is an offender please give the following details:
Details of last offence (and any unspent conviction):
Date of last conviction: Length of sentence: Number of prison sentences:
Is there a risk of the young person re-offending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please rate level of risk : <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

Family Situation and Social Services		<input type="checkbox"/> Not applicable
What is the young person's housing or family situation?		
Please give details of any social services involvement with the young person		
Mental Health Needs		<input type="checkbox"/> Not applicable
Please give details if the young person has any mental health needs:		
Disabilities		<input type="checkbox"/> Not applicable
Please give details if the young person has a disability:		
Learning Needs		<input type="checkbox"/> Not applicable
Please give details of any statement of educational need/special needs/learning difficulties etc and/or problems with reading, writing or maths:		
Rating level of educational support need: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Addiction Issues		<input type="checkbox"/> Not applicable
Does the young person have any issues with the below?		
<input type="checkbox"/> Drug use. Please give details:		
<input type="checkbox"/> Alcohol. Please give details:		
Is there anything else we should know about the client that hasn't been covered in this form?		<input type="checkbox"/> Not applicable
I understand that the information that I am providing is being collected under the Data Protection Act 1998. It will form part of the young person's file and if the young person requests to see information that Checkin/Giraffe holds on them, under the Act, we would release this information.		
Signed		
Date		