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**STEP (Swindon) Referral Form**

**Guidelines for Referrer**

Please send this form to: STEP, The Lyndhurst Centre, Lyndhurst Crescent, Swindon,

SN3 2RW or email it to: [stepswindon1@outlook.com](mailto:stepswindon1@outlook.com)

**(if emailing, please password protect / send via egress)**

**WE DO NOT PROVIDE TRANSPORT TO NYTHE CENTRE BUT WE CAN TAKE YOUNG PEOPLE HOME AFTER GROUPS HAVE FINISHED (WITHIN MAIN AREAS OF SWINDON) IF NEEDED.**

**WE WILL MAKE DECISIONS REGARDING TRANSPORT ON A CASE BY CASE BASIS.**

* The **young person and their parent/carer must be in agreement** to this referral as the young person attends on a voluntary basis. Signature is required at point of referral by both the young person and their parent/carer (if needed, we can obtain this ourselves on receipt of the referral) but verbal consent *must* have been obtained already.
* STEP works most efficiently with those young people with **moderate needs**who would benefit from **structured, activity-based** **group work**. **STEP does not provide one-to-one work** so the young person must already have the ability to cope in a group environment.
* Each referral form is assessed by two STEP workers, and signed off by a manager. To ensure this can be completed quickly and thoroughly, **please include as much information as possible** (add additional sheets if necessary) so that we are aware of all potential risks. If an alternative (up-to-date) form of assessment e.g. Early Help Record is available, you can send a copy *instead* of completing this form.
* STEP offers a variety of interventions and will allocate young people to the most appropriate group following assessment of need. **Referral forms must contain enough information for us to make a reasonable judgement on their suitability for our programmes, therefore** **if it is deemed there is not enough detail given around issues we could support, we will ask for more.**
* This referral form will be used when carrying out a risk assessment for use within the young person’s group sessions, to ensure they are safe and their needs are fully catered for. **We reserve the right not to process a referral further following a full assessment.**
* If the young person is offered a place, they, their parent / carer and you as the referrer will be written to, to let you know and once the family have confirmed the place, they will receive the group details.
* **Please keep a copy of this referral form yourself** in case it goes missing in the post / we don’t receive it. If you have not heard anything from us within 1 month, please do call or email to check.
* Our Evening Groups last 12-14 weeks and then the young person leaves STEP. Feedback on progress is available by telephone – please call the office and you will be put through to the relevant worker – or via email in the form of a copy of the young person’s group notes.

\*must be completed fully prior to assessment

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Child / Young Person** | | | | | | | |
| First Name\* |  | | | Surname\* | | |  |
| D.O.B\* | | |  |
| Gender\* | Male  Female | | | Ethnicity | | |  |
| Contact number/s\* |  | | | Address\* | | |  |
| Post Code\* |  | | |
| Is the child/young person disabled?\* | Yes  No | | | If yes, please give details | | |  |
| Is the child/young person ……..\* | Child Protection  Child in Need  Looked After | | | | | | |
| Has an Early Help Record been completed?\* | | | | | Yes  No | | |
|  | | | | | | | |
| Details of Parent/Carer(s) | | | | | | | |
| Full Name\* | |  | Full Name | | |  | |
| Address\* | |  | Address | | |  | |
| Post Code\* | |  | Post code | | |  | |
| Contact Number/s | |  | Contact Number/s | | |  | |
| Email address | |  | Email address | | |  | |
| Relationship to child / young person\* | |  | Relationship to child / young person | | |  | |
| Parental responsibility?\* | | Yes  No | Parental responsibility? | | | Yes  No | |
|  | | | | | | | |
| **Alternative Emergency Contact** | | | | | | | |
| Name | |  | | | | | |
| Address | |  | Contact details | | |  | |
|  | | | | | | | |
| **Referrer’s Details** | | | | | | | |
| Name\* | |  | Position | | |  | |
| Organisation/Team/  Department | |  | Address\* | | |  | |
| Contact Number\* | |  | Post Code\* | | |  | |
| Email address\* | |  | | | | | |
| **Have you carried out any direct work with this child / young person? (If yes, please give details)** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Are there any other agencies currently working with the child / young person? (please give details) | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **\*What do you identify as the child / young person’s specific needs? (please give details of any targets set within a referral / care order or any action plan currently in place)** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **\*What is your understanding of the child / young person’s home life / background? (please give as much detail as possible, continuing on a separate sheet if necessary or including other documents)** | | | | | | | |
|  | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **School** | | |
| **Is the child / young person attending school regularly?** | Yes  No | |
| **Which school do they usually attend?\*** |  | |
| **Which year group are they in? State tutor / year head if known** |  | |
| **Are they at risk of exclusion from school?** | Yes  No | |
| **Does the child / young person have a Statement of Special Educational Need?** | Yes  No | |
| **If the young person has a particular need (physical, emotional, learning or behavioural), please give details and include the support / provision required:** | | |
|  | | |
| **Community** | | |
| **\*Has the young person been involved in any offending / anti-social behaviour?** (If not already included, please give details of any existing behavioural targets that STEP could address) | | Yes  No |
|  | |
| **Is the child / young person at risk of sexual exploitation?** (If yes, please give details) | | Yes  No |
|  | |
| **Is the child / young person involved with substance misuse?** (If yes, please give details) | | Yes  No |
|  | |
|  | | |
| **Signature of Referrer Print Name**  **Date** | | |

**Parent / Carer and Young Person Agreement and Consent**

|  |  |  |
| --- | --- | --- |
| **Child / young person’s name** |  | |
| **Parent/ carer’s name** |  | |
|  | | |
| **From our work, we will hold the following information about your child/young person:** | | |
| Name | | Education |
| Date of birth | | Referral details |
| Address | | Health details |
| Contact details | |  |
| **If any of your information changes, particularly contact details, please do let us know.** | | |
| STEP would like your permission to share with, and/or gather information from, other service areas, and with other service providers as appropriate to meet the needs of the child/young person. **Are there any services that you do not wish us to contact?** | | |
| Please specify: | | |
|  | | |
| **Using your Personal Information - General Data Protection Regulation (GDPR)**  **STEP is committed to protecting your privacy and security. The information you (parent/carer and young person) provide will be held in individual paper files which are securely locked in the STEP office, and on a password protected online data storage system. This information is** **gathered to enable us to provide you with the service that has been requested from us**.  **We will never sell your personal data and will only ever share it with organisations we work with, where necessary to support you and the child you care for. Please note the only reason that information will be passed on to appropriate agencies without your consent is if there is a legal requirement to do so, or if there is a risk of serious harm or threat to life.**  **You have certain rights over the personal information we hold, including but not limited to the following:**   * **The right to access your personal information that STEP holds;** * **The right to request rectification of your personal information, where it is found to be inaccurate;** * **The right to request removal of your personal information at any time;** * **The right to request that we do not further process your personal information;** * **The right to request that we transfer your personal information to another organisation;** * **The right to lodge a complaint with the Information Commissioner’s Office (ICO) if you are concerned about the way STEP are handling your personal information**   **You are not required to provide any personal information as a statutory requirement, however, please note that if you prevent us from processing your personal information, we may be unable to continue to/provide a service(s).**  **If you have any concerns over how we are using your personal information, or to make a request as per your rights above, please contact the STEP Office at Nythe Centre, The Drive, Nythe, Swindon, SN3 3RD. Telephone 01793 714042 or email:** [**swindonstep@aol.com**](mailto:swindonstep@aol.com) | | |
|  | | |
| **Declaration** | | |
| **Please sign if:**   * You agree to STEP sharing information with organisations we work with where necessary to support you and the child you care for * You agree to the child / young person attending STEP and taking part in activities/group work * You give permission for photographs to be taken of the child / young person * You agree to the young person receiving medical treatment in an emergency | | |
|  | | |
| **I give consent and understand & agree to sharing of information as above**.  Signed (Young Person) Signed (Parent/Carer)  Date: Date: | | |

**Equal Opportunities Monitoring**

To child / young person - This part of the form is to help check that we are giving everyone the same chance to come to STEP. We would appreciate your help by filling it in, but if you don’t, it won’t affect whether or not you are offered a place.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender** | | | | Male | Female |
|  | | | | | |
| **Ethnicity** | | | | | |
| **Black or**  **Black British** | **Asian or**  **Asian British** | **White** | | **Mixed** | **Other ethnic**  **groups** |
| Caribbean | Indian | White British | | White &  Black Caribbean | Chinese |
| African | Pakistani | White Irish | | White &  Black African | Any other  ethnic group |
| Any other Black  background | Bangladeshi | Any other  White background | | White & Asian | Not given |
| Any other  Mixed Background | Any other  Asian background | If other, please  specify: | | | |
|  | | | | | |
| **Any further details regarding ethnicity:** | | | | | |
|  | | | | | |
| **Religion:** | |  | | | |
|  | | | | | |
| **Educational Need / Disability** | | | | | |
| **I consider myself as having a disability** | | | Yes  No | | |
| If yes, please give as much detail as possible - | | | | | |
| **I am registered disabled** | | | Yes  No | | |
| **I have a Statement of Educational Need** | | | Yes  No | | |

**THANK YOU VERY MUCH FOR YOUR HELP**