**PPG Referral Form for Children or Young Persons under 25**

**Personal details: Date:**

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| --- | --- |
| **First Name** | **Surname:** |
| **Date of Birth:** | **Male/Female:** |
| **Year Group:** | **PG Email Address:****(REQUIRED)** |
| **Address:** |
| **PG Mobile Number:** | **YP Number:** |
| **YP Email Address:****(REQUIRED)** | Address for Parent/Carer/Contact Person: |
| Is it safe to make contact at the above address? Yes/No | If not, who should be contacted and where? |

|  |  |
| --- | --- |
| **Mental Health** Yes No (please tick) Details: | **Alcohol Abuse** Yes No (please tick) Details: |
| **Drug Abuse** Yes **□** No **□** (please tick) Details: | **Behavioural Issues** yes **□** No**□** (please tick) Details: |
| **Domestic Abuse** Yes**□** No **□** (please tick) Details: | **Other** Yes **□** No**□** (please tick) Details: |

Is your child/young person aware of this referral □Yes □No

Does your child experience any of these issues (please give as much information as possible)

 **Ethnicity**

White-British 

White-Irish 

White-Other 

Mixed-Other

# Mixed-White & Black Caribbean 

Mixed-White & Black African

# Asian/Asian British Indian 

# Asian/Asian British Pakistani 

# Asian/Asian British Bangladeshi 

# Asian/Asian British Other 

# Black/Black British African 

# Black/Black British Caribbean 

# Black/Black British Other 

# Note Stated 

# (If not stated, Please State):

# Other Agency Involvement

Please give names and telephone numbers of any other professionals involved with this young person

# Does the Child/Young person have any additional or special needs? If so, please detail below:

**Media Consent**

**The photographs, video or audio that are taken will be used in connection with MTMA mentoring programmes. We will not publish any name or address of any young people in photographs, video, or audio recordings during these sessions. It would be very helpful if you can confirm that you are content for the photographs, video, or audio to be used in the mentoring sessions as a means of safeguarding your child. Separately we may use content from the young people, and pictures to upload to our website or social media channels.**

**This is to confirm that I have no objections to using the photographs, video or audio taken at the activity above and used for MTMA safeguarding and social media purposes only.**

□Yes □No

**Does your child have any dietary requirements? Please state below**

**Reason for Referral**

Please give as many details as possible (use a continuation sheet if necessary)