**On Track Team Referral Form**

**This form must be completed before any activities are undertaken as part of the project.**   
On Track is a well-established service within The Matthew Project, aimed primarily at 13-24 year olds who are furthest from the labour market and who are, or at risk of being not in education, employment or training, to help them overcome their barriers to progression. For those that are eligible, we provide one-to-one sessions and/or positive activities.

The projects within the On Track Team are listed below. Please tick the box of the project(s) you would like to refer your young person into :

**Right to Succeed (Central Great Yarmouth only)** - Providing 1-2-1 coaching, group work and activities for year 10 students at risk of not being in education, employment or training offering engagement, careers and transition support.

**Safe Space -** Is a project to support young people aged 13-18 who are NEET (or at risk of) to access regular positive activities and community engagement.  The activities will be in a small group of no more than ten young people and will be Norwich City based.  The aim of the project is to raise young people’s motivation and support them by building resilience to have hope for the future.

**Norwich Coaching Support -** Is a project offering 1-2-1 coaching aimed at NEET young people aged 16-24 years, in Norwich and its surrounding areas. Norwich Coaching Support can help with a range of barriers including emotional health and wellbeing needs that are preventing young people from engaging in education, employment, or training.

**Please note:**

In compliance with ***the Data Protection Act 2018,*** these details will be stored securely and retained for seven years. This information will be used to evaluate this project and to report to the funders**.** You may be contacted to discuss your involvement in the project. The Matthew Project is the data controller and the data processor in respect of information processed which relates to your participation in the project.

**Please email** [contact@ontracknorfolk.org](mailto:contact@ontracknorfolk.org) with the completed form or with any queries you may have.

**Part 1: IMPORTANT - Consent (MUST be ticked for us to accept the referral) □ I can confirm I have gained consent from the young person for the referral to be made.**

**Part 2: Referrer details (don’t need to complete part 2 if self-referral)**

|  |  |
| --- | --- |
| Referrer Details: | |
| Name of Referrer: |  |
| Referrer Telephone Number: |  |
| Referrer Email Address: |  |
| Referral Organisation: |  |
| Date of Referral: |  |

**Part 3: Young person’s details**

|  |  |
| --- | --- |
| Contact Details for Young Person: | |
| Title: |  |
| Full Name: |  |
| Preferred Name: |  |
| Preferred Pronouns: |  |
| Phone Number: |  |
| Mobile Number: |  |
| Email Address: |  |
| Address: |  |
| Postcode: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Demographics: | | | | |
| Date of Birth: | |  | | |
| Gender: | |  | | |
| Ethnicity: | |  | | |
| Disability (If Applicable): | |  | | |
| Young person’s Emergency Contact Details (please provide at least 1) If the young person is under 16 this must be a parent/guardian or carer: | | | | |
| Name | **Relationship to young person** | | **Phone Number 1.** | **Phone Number 2.** |
|  |  | |  |  |
|  |  | |  |  |

**Part 4: Support needed**

|  |  |  |
| --- | --- | --- |
| Please tick the boxes of any barriers that currently apply to the young person: | | |
| Substance misuse  Homelessness/at risk of  homelessness  Mental health  Physical disability/illness  Behavioural issues | **Learning difficulties/disabilities**  **Language barriers**  **Carer**  **Care leaver**  **Criminal convictions**  **Economically inactive** | **Low educational attainment**  **Black, Asian and minority ethnic**  **(BAME)**  **Affected other**  **Transport/Living in a rural area**  **Other** |
| Please provide further details on any of the barriers that you have ticked, as well as details of any other barriers the young person is facing that are not listed above: | | |

**Part 5: Other Services**

|  |  |
| --- | --- |
| Other services: | If yes, please give details in the space below: |
| Are you on a health/social care waiting list? |  |
| Is the young person currently accessing any services?  (i.e., other projects, charitable services, relevant statutory services, rehabilitation etc.) |  |
| Has the young person previously accessed any services?  (i.e., other projects, charitable services, relevant statutory services, rehabilitation etc.) |  |

**Part 6: Additional Information (Must be completed)**

|  |  |
| --- | --- |
| Additional Information (All questions MUST be completed): | |
| Is the young person currently in education/employment or training? | Yes **/** No |
| Is the young person currently on a mental health waiting list?  If Yes, then please advise who with: | Yes / No |
|  |
| Is the young person a looked after child? | Yes / No |
| Does the young person have special educational needs and disabilities (SEND) | Yes/ No |

**Part 7: Risk - if the young person, or their situation, poses any potential risk to themselves or others, please include details here:**

|  |  |  |
| --- | --- | --- |
| Please tick the boxes of any risks that currently apply to the young person: | | |
| Accidents  Causing harm  Risk to children  Domestic abuse  Domestic violence  Domestic violence (offending)  Driving or operating machinery  Exploitation/abuse by others  Home visit | **Homeless/sofa surfing**  **☐ Mental health**  **Neglect**  **Physical health issues**  **Poor engagement with services**  **Risk to staff**  **Self-harm**  **Sex Working**  **Sexual Offending** | **Suicide**  **Substance misuse**  **Self-neglect/not keeping myself safe**  **Violence to others**  **Withdrawal from service before completion**  **Other Offending**  **Other (please specify below)** |
| Please provide further details on any of the risks that you have ticked, as well as details of any other risks the young person is facing that are not listed above: | | |

|  |  |
| --- | --- |
| Previous Offences including details: | |
| Has the young person got a criminal record or any criminal pending prosecutions? |  |

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| How did you hear about us (please circle): |
| Event / Face to face / Internet search / Leaflet / Newspaper / Your own Organisation / Poster / Social Media  Other (give details): |