

Change Direction Referral Form

Name of referrer	Organisation & Position	Contact Details (including phone & e-mail)

Young Person Consent

Change Direction is a prevention and early intervention diversion scheme that has been commissioned by the North Yorkshire Police, Fire & Crime Commissioner (PFCC). The Change Direction scheme is delivered by North Yorkshire Youth. North Yorkshire Youth will provide the PFCC with feedback regarding your involvement with the scheme, this will include personal details which will be stored on a Case Management System. This is so that the PFCC can monitor and measure the effectiveness of the service. You can withdraw consent at any time after it has been given by contacting North Yorkshire Youth.

We ask you for information about yourself so that we can make sure that we offer you the services, protection or support that you may need. To make sure it is the most appropriate and effective service for you, it may mean sharing this information or obtaining information about you. We will not pass on any information without your consent, unless we have a statutory duty to do so in order to:

- protect you, or
- prevent harm to someone else, or
- prevent or detect a crime

If we do use your information for other reasons, for example, to help us manage and/or plan services, or staff training- then we will make sure you cannot be identified.

Declaration:

I understand the reasons why my consent is being sought and the need to share information has been fully explained. I understand that I can withdraw my consent in line with this agency's procedures.

I understand that if my Youth Mentor feels that I require intensive support a referral will be made to appropriate agencies.

I agree that information about me may be put onto NYY database

I agree that information about me may be used for the above purposes

Young Person Signature:

Date:

Has the young person given permission for their details to be shared and for them to be contacted?

Yes

Date

No

Note: Referral cannot progress without the consent of the young person

REFERRAL AGREEMENT

If NYY feel that the young person requires additional support that cannot be met by the Youth Mentor then a referral for additional support or alternative agencies may be made.

As the referrer I agree to:

- Gain the consent of the Young Person to make the referral
- Gain consent of the parents to make the referral
- Provide a point of contact for any discussion and information sharing
- Provide feedback to NYY that may improve the Youth Mentor role and thus improve the support available to young people.

Name	<input type="text"/>	Gender	<input type="text"/>
Date of birth	<input type="text"/>	Contact tel. no.	<input type="text"/>
Parent/carer name(s)	<input type="text"/>	Young person's e-mail	<input type="text"/>
Address (including postcode)	<input type="text"/>	Ethnicity	<input type="text"/>
		Preferred Language	<input type="text"/>

Are you aware of any risks associated with working with this young person or family? Yes No

If you answered yes please provide details:

NOTE: Has consent been obtained from the parent/carer for young people under 14 years? If not then the referral cannot progress.

Yes

Information to support referral:

Reason for referral

Is there anything that the Youth Mentor needs to consider when working with this young person? E.g. additional needs, challenging behaviours, home life?

Please provide details of status within education and learning, any emotional or social concerns. Include brief details about the young person's home life, any health concerns the young person has, any hobbies or personal interests the young person has.



Please provide details of any information that we may want to take in to consideration when risk assessing the young person e.g. has there been risk taking behaviour in the past? Are there any significant events in the young person's life which need to be considered, etc.

What services are already working with the young person? Please provide contact names & numbers if known.

Please return completed forms to Clare Yates at clare@nyy.org.uk or post to Clare Yates, Carlton Lodge Activity Centre, Carlton Miniott, Thirsk, North Yorkshire. YO7 4NJ

You will be contacted within 7 working days of receipt of the completed referral by your local Youth Mentor.