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**TGP Cymru Referral Form**

**Section 1: Child/Young Person’s Personal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Date of birth:** |  | **Age:** |  |
| **Full Postal Address:** |  |
| **Home Number:** |  | **Mobile Number:** |  |
| **Gender:** | **Legal Status:** | **Ethnicity:** | **Welsh Speaker:** |
|  |  |  | **Yes** [ ]  **No** [ ]  |
| **Physical/Learning Disability:****If yes please specify:** | **Yes** [ ]  **No** [ ]  |
| **Parent/Carer name and contact details:** |  |
| **Name of Child/Young Person’s Social Worker:** | **Local Authority Team Name:** | **Social Worker Contact Number:** |
|  |  | **Landline** | **Mobile** |
|  |  |
| **Email address:** |
|  |

**Section 2: Referral Information**

|  |  |
| --- | --- |
| **Date of referral:** |  |
| **Referred by:** |  |
| **Local Authority/Organisation:** |  |
| **Contact details:** |  |

Is the child/young person aware of referral? Yes [ ]  No [ ]

Is the parent/carer aware of referral? Yes [ ]  No [ ]

Is the family/ child/young person requesting a service? Yes [ ]  No [ ]

**Please specify communication difficulties (if any):**

|  |
| --- |
|  |

**Please provide information regarding how the young person communicates and how best to share information with him/her?**

|  |
| --- |
|  |

**Please provide additional relevant information:**

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|  |

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| **Does the child/young person need:** |
| **An Advocate:** | Yes [ ]  No [ ]   |
| **Communication Passport:** | Yes [ ]  No [ ]   |
| **One Page Profile:** | Yes [ ]  No [ ]   |

Please return this completed referral form to:

manon.evans@tgpcymru.org.uk

**Office use**

|  |  |
| --- | --- |
| **Action taken:** |  |
| **Referral taken by:** |  |
| **Date:** |  |