

**Team Around the Tenancy Referral Form**

**Please send referrals to:** [**tatt@tgpcymru.org.uk**](mailto:tatt@tgpcymru.org.uk)

**Informed consent – Please note this referral will not be accepted unless the young person has given their consent.**

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| **Has the young person consented to this referral?**  **(Tick as appropriate)**  **Where possible this form should be signed by the**  **young person. If the young person has not signed**  **this form, the referrer must state that verbal**  **consent has been given for a referral to be made.**  **Verbal consent:** | **Yes**  **No**  **Young person’s signature**  **………………………………………………………………..**  **Name:**  **Date:**  **Yes  No** |

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| **Name:** |
| **Date Of Birth:** |
| **Gender:** |
| **Full postal address:** |
| **Contact telephone number:** |
| Email Address: |
| What is the best contact method to get in touch with the young person: |
| Ethnicity: |
| Preferred Language: |
| Religion: |
| Details of any known disabilities: |

**Young person’s details:**

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| --- | --- | --- | --- |
| NAME | RELATIONSHIP TO YOUNG PERSON | ADDRESS | CONTACT DETAILS |
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**Family / Household members / Significant others (e.g. friends, neighbours, extended family):**

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| --- | --- | --- | --- |
| CONTACT NAME | AGENCY NAME & ADDRESS | CONTACT DETAILS (EMAIL & TELEPHONE NUMBER) | CURRENT / PREVIOUS INVOLVEMENT |
|  |  |  | Current Previous |
|  |  |  | Current Previous |
|  |  |  | Current Previous |
|  |  |  | Current Previous |
|  |  |  | Current Previous |
|  |  |  | Current Previous |

**Agencies involved with young person: Please provide details of all agencies and professionals involved with this young person as well as previous involvement**

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| **What is the main reason for the referral? (Tick ONE box only)**  Housing  Income  Mental Health  Isolation / Loneliness  Substance Use  Fleeing Domestic Abuse / Exploitation  Other  **Please state clearly the reasons for the referral and the outcomes the young person would like to see from working with TGP Cymru Team Around the Tenancy. Include details of any provision which is currently being provided.** |

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| **Are there any lone working issues? (Tick as appropriate)**  **Yes**  **No**  **If there are lone working issues, please provide an explanation verbally to staff at TGP Cymru when they contact you to acknowledge your referral. If there is a completed risk assessment already completed and you have consent to share with us, please attach to referral.** | | |
| **Referred by:** | **Email:** | **Telephone number:** |
| **Name of agency and address:** | | |

**Any other information which may be helpful for the team to know before meeting with the**

**young person:**

**Date referral accepted:**       **By whom:**

**Team Around the Tenancy Practitioner:**      

**Unique identifier:**