

**Team Around the Tenancy Referral Form**

**Please send referrals to:** **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 [ ]**  |

**Young person’s details:**

|  |  |
| --- | --- |
| **Name:** | **Date Of Birth:** |
| **Email Address:**  | **Address:** |
| **Contact telephone number:** | **Postcode:** |
| **Preferred method of contact:** | **Gender:** |
| **Preferred Language:** | **Ethnicity:** |
| Details of any known disabilities:       | **Religion:** |

**What does the young person want to achieve by working with the team?**

**NB: With consent from the young person can the young person’s current plan of support be sent with this referral to avoid the need for us to ask questions which may have already been answered while they have been working with you.**

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| **Referred by:** | **Email:** | **Telephone number:** |
| **Agency name & Address:** |

**For office use only:**

|  |  |
| --- | --- |
| **Date referral accepted:**        | **By whom:**        |
| **Allocated Practitioner:**       | **Unique identifier:**       |