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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Date of birth:** | |  | **Age:** |  |
| **Full Postal Address:** |  | | | | | | | | |
| **Parents/carers name:** |  | | | | | | | | |
| **Parent/ Carer email address:** |  | | | | | | | | |
| **Home  Number:** |  | | | **Mobile Number:** | |  | | | |
| **Gender:** | **Legal Status:** | | **Ethnicity:** | | | **Welsh Speaker:** | | | |
|  |  | |  | | | **Yes**  **No** | | | |
| **Physical/Learning Disability:**  **If yes please specify:** | | | **Yes**  **No** | | | | | | |
| **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 provide information regarding how the young person communicates and how best to share information with him/her? Please specify communication needs (if any):**

|  |
| --- |
|  |

**Please provide additional relevant information:**

|  |  |
| --- | --- |
|  | |
| **Does the child/young person need:** | |
| **Communication Passport:** | Yes  No |
| **One Page Profile:** | Yes  No |

**Please return this completed referral form to:** [**passport@tgpcymru.org.uk**](mailto:passport@tgpcymru.org.uk)

**Office use**

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