



EARLY INTERVENTION & PREVENTION REFERRAL FORM

Mae'r ffurflen hon ar gael yn Gymraeg hefyd. I gael copi, cysylltwch â EIPreferral@cardiff.gov.uk

This form covers all referrals into the Early Intervention & Prevention Team within Cardiff Council Youth Service - in partnership with Inspire 2 Achieve, Careers Wales and the European Social Fund.

Please note that due to strict funding constraints, we can only work with participants who have a fully completed referral form and meet at least one of the following criteria (please check all relevant boxes):

- Present on the current Vulnerability Assessment Profiling (VAP) (**Please attach to referral**)
- In school years 7-11.
- Evidence of risk taking behaviour i.e. Substance Misuse, YOS, CSE.
- Evidence of risk that contributes to poor attendance or attainment.
- Able to work towards full participation / reintegration into a school setting
- Looked After (LAC) or at risk of becoming LAC or otherwise vulnerable, e.g. Child in Need
- Current involvement with Education Welfare / Social Worker / Social Service Input
- On the Fair Access Panel (FAP)

PROGRAMME REQUIRED (PLEASE CHECK ONE BOX ONLY)

- EIP Youth Mentor** - Mentoring support to participants, in order to promote and encourage appropriate attendance, behaviour, well-being, attainment and resilience progressions.

OR

- I2A (Youth Mentor & Careers Wales Activate)** – A joint work model consisting of Youth Mentoring & Careers Wales Activate. In addition to Youth Mentoring detailed above, Information, Advice and Guidance support via one to one or group work, as well as work placement opportunities (where appropriate), will be provided aiming to reduce the risk of becoming NEET.

PARTICIPANT DETAILS

Full Name			D.O.B	
Address (inc. Postcode)				
Parent / Guardian			Contact Number (s)	
Gender			First Language	
REFERRER DETAILS				
School / Agency				
Year (NCY)		ULN		Date of Admission

ATTENDANCE, EXCLUSION & RAG STATUS:

- Attendance for current academic year below 85%?: Yes No
- Attendance for previous academic year below 85%?: Yes No
- Exclusions within the current academic year?: Yes No
- Exclusions within the previous academic year?: Yes No
- Reduced or Alternative Timetable? Yes No

If Yes please provide details

At risk of becoming NEET? Yes No

RAG status on current VAP (attached): Red Amber Green Not on VAP

SPECIAL EDUCATIONAL NEEDS STATUS:

- School Action School Action Plus Statemented N/A

Describe the participant's SEN in order of priority, with reference to the Revised Guidance Criteria for SEN:

ACTIONS ALREADY UNDERTAKEN:

Using the checklist below, **please check, name (where applicable) and attach with this referral** all relevant documents of action taken (ref Code of Practice 5.64):

- The school's action through School Action and School Action Plus.
- Individual education / behaviour / safeguarding and / or risk assessment plans for the participant.
- The participant's health including medical history where relevant.
- National Curriculum levels of attainment including those in Literacy and Mathematics.
- Educational assessments e.g. specialist support teacher / educational psychologist.
- CAMHS involvement:
- Involvement by Education Welfare Service:
- Involvement of any other professionals:

Reason for Referral, Desired Outcomes & Additional Information (Max. 100 words)	Attendance	Yes	Behaviour	Yes
	Attainment	Yes	Well-Being	Yes

Support will be targeted around the 4 main areas identified above. Please specify current barriers, and what assistance is required, to aid the participants' progression and improvement:

PRE-SUBMISSION CHECKLIST (Referral Agency to check):

- Participant meets the referral criteria on first page
- Programme required checked (check **one** box only)
- Participant VAP evidence attached (**NB. I2A Referrals must be Red on the most recent VAP**)
- Any risk assessments / safeguarding concerns are highlighted and attached
- All other supporting documents attached (see actions already undertaken)
- All areas of form completed (**no blank fields – any incomplete forms will be rejected and returned**)
- Referral discussed and agreed with Senior Youth Officer (**Please Name**)

DECLARATION:

I confirm that the individual named on this referral form is currently on role at the below named school and this referral has been discussed with the young person and / or parents / guardian. I provide this information in order for this individual to be able to access support provided by Cardiff Council and Partners.

I am aware that the Inspire 2 Achieve project is part financed by the European Union through the Welsh Government.

Cardiff Council, in line with the Data Protection Act 2018, will process the information you have provided above. Information will be shared with Careers Wales to develop personal goal setting and career planning. This is required to fulfil our legal and regulatory tasks as a public authority.

This confidential information may be used by Cardiff Council or disclosed to others when required by law.

For further information on how Cardiff Council manages personal information, see our full Privacy Policy on the Council's website https://www.cardiff.gov.uk/ENG/Home/New_Disclaimer/Pages/default.aspx

In signing the below I understand this information will be processed by Cardiff Council as indicated above

Name:

Signed:

Position:

School:

Date:

Once confirmed with the relevant Senior Youth Officer please send to – EIReferral@cardiff.gov.uk. Only electronic referrals via this mailbox will be accepted. Incorrect / incomplete forms will be returned to the referral agency. Once accepted, the referral will be processed and allocated at a Youth Service panel meeting.

Office Use Only:

Date referral received into mailbox: Referral complete: Yes No

If **Yes**, Panel date for Review:

If **No**, reason for return: Ineligible referral Missing VAP Information
 Missing documents Form not fully completed Referral not signed

Quality checked by: