



Young Person Referral Form

Section 1: General Information

Young Person Name	
Date of Birth	
Gender	
Legal Status	
Home Address	
Contact Numbers	
Ethnicity	

Section 2: Referral Information

Date of Referral	
Type of Referral (<u>underline</u>)	Direct to Cove Care Spot Purchase Through Regional Framework (state which one)
Young Person Current Placement Address	
Referring Local Authority	
Referring Professional	
Organisation Name	
Contact Numbers	
Email Address	
If the above is not the young person's local authority social worker, has the local authority social worker been involved in the search and referral process (<u>underline</u>)?	Yes No
Primary Reason for Referral (describe)	
Please list your / the young person's expected outcomes for this admission	1. 2. 3.

Please rate the young person's expected level of engagement with / commitment to the potential placement (underline and give any relevant comments)	Low Moderate High Describe:
Is this a proposed planned transition (underline and give comments)	Yes No Comments
Please let us know how you heard about our organisation (describe)	

Section 3: Young Person's Health Needs

Please describe the young person's main general and mental health needs:	
Current GP	
Other involved health agencies (list and give contract details)	

Section 4: Young Person's Education Needs

Will Cove's In-House Education be required (NB: additional funding required)	Yes	No
Will a move to a local mainstream school be required?	Yes	No
Does the young person have SEN?	Yes	No
Date of last PEP		
Current / Previous School (address and contact details)		

Section 5: Young Person's Safeguarding Needs

Current Contact Plan (list all: NB state any unauthorised / prohibited contacts)	
Any known risk / s to self (describe)	

Risks to self: current risk assessment (underline)	Low	Moderate	High
Any known risk / s to others (describe)			
Risks to others: current risk assessment (underline)	Low	Moderate	High
Any known risk / s regarding the environment (describe)			
Risks to / from environment: current risk assessment (underline)	Low	Moderate	High
Any known risk / s of any form of exploitation (describe)			
Risks to / from exploitation current risk assessment (underline)	Low	Moderate	High
Any known risk / s associated with criminal activities (describe)?			
Risks associated with criminal activities current risk assessment (underline)	Low	Moderate	High
Any known risk / s associated with general anti-social behaviour (please consider potential for general disruption, noise levels, impact on immediate local environment / community (describe)?			
Risks associated with anti-social behaviour current risk assessment (underline)	Low	Moderate	High
Any known risk / s associated with living with other young people (describe)			
Risks associated with living with other young people current risk assessment (underline)	Low	Moderate	High
Any known risk / s associated with making unfounded / unsubstantiated allegations (describe)			
Risks associated with allegations current risk assessment (underline)	Low	Moderate	High

Name of Referrer:	
Profession / Designation:	
Signature:	
Date:	

Thank you for the referral. Please email the completed form to: info@cove-care.co.uk

One of our senior management team will be in touch with you within 24 hours.