****

**Vibe Community Charity – part of the Brogdale CIC group**

**WINGS - Referral Form**

|  |
| --- |
| **Young Person details** |
| Name |  | Child in Need | Yes/ No |
| Date of Birth |  | Child Protection | **Yes/ No** |
| Education, Health & Care Plan or Statement of SEN | **Yes/ No** | Child in Care | **Yes/No** |
| **Family details** |
| Name of Parent/ Carer Delete as applicable |  | Telephone number |  |
| Home Address |  | Mobile phone number |  |
| Postcode |  | Email: |  |
| **Referrers details:** | **Other key agencies involved: please name as appropriate** |
| Referrer name |  | School |  |
| Organisation |  | Overnight short breaks unit |  |
| Phone Contact  |  | CAMHS |  |
| Email contact |  | Other eg Therapist/ Health Visitor |  |

|  |
| --- |
| **Please give a brief description of young person’s reason for referral** |
| **Please identify what outcomes you are expecting for the young person accessing this service. Please note any existing strategies being used that the staff should be aware of/implement.** *Use relevant information from EHCP* |

|  |
| --- |
| **Please note this is an initial referral form, and will be used to gain a basic knowledge of the individual’s needs and is the first-step in allocating a place, in the appropriate provision. If successful they will be asked to complete the accompanying passport** |