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

**WINGS - Referral Form**

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| **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 | | |  |

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| **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* |

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| **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** |