

NDYP Mentoring Referral

Spark2Life Referral Form: The Ubuntu Project (Under 18s)

Criteria for Referral									
Please highlight which criteria applies to your client.									
<ul style="list-style-type: none"> ▪ Known group/gang offender (can be evidenced) ▪ Known violent offender (violence linked to group/gang activity) ▪ Carries weapons ▪ Convictions for violent offences ▪ Has been a victim of a violent crime 									
Referrer's Details									
Date of Referral:									
Agency:	YOS	London PS	Social Care	DWP	Mental Health	Health	Other:		
Name of Referrer:									
Telephone Number:				Email Address:					
Client's Details									
Name:									
Surname:									
Age:	Date of Birth:				Gender:	Male	Female		
First Language:		Immigration Status:			Religion:				
Home Address:				Any concerns with current address/area:					
Type of Accommodation:	Temporary	Permanent	Hostel	Supported Accommodation	Other:				
Housing Provider:									
Telephone (home):				Mobile:					
ETE Status:	School	College	Part-Time Employment/Training	Full-Time Employment/Training	NEET				
Do They Require Personal Identification:	Birth Certificate		Passport		Provisional Licence			Driver's Licence	
Additional Risk Factors <small>[please tick any that risks or actual]</small>	SEND	Exclusion from education	Youth Violence	Gangs	Domestic Violence	Refugee/Asylum Seeker	Looked After	Mental Health	
Offending History									
Offence	Order/Sentence	Conditions	Start Date	End Date					

Please email the completed referral form (as much info as possible) to the NDYP Contract Manager
John Apena secure email account: john.apena@spark2life.cjsm.net

Client Family Information

Name	DoB	Relationship	Address (Please state if custodial)	Ethnicity	Disability	Gender	Victim/Offender (If applicable, specify gang association)

Other Professionals Working Involved

Professional's Name	Agency	Professional's Role	Contact Info (Phone and email)

Reason for Referral

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**When completed please send to:
john.apena@spark2life.cjsm.net**

OFFICIAL - SENSITIVE

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