

*Peer mediation and support for young people at risk of homelessness*

The Listening Project

Name of YP …………………………………………………………

For office use only

|  |  |
| --- | --- |
| Date received |  |

|  |  |
| --- | --- |
| Date acknowledge and by whom |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates YP contacted |  |  |  |  |

**Referral request details**

Mediation sessions 🞏 Yes 🞏 No

One to one support 🞏 Yes 🞏 No

Details

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Suite 2, St John’s Court, Bacup Road,Rawtenstall, Lancs, BB4 7PA

Tel: 01706 216600 Fax: 01706.216833

Email: [referrals](mailto:referrals)@rossendalem3.org - Web Site [www.rossendalem3.org](http://www.rossendalem3.org)

**Referral Agency details**

**Contact name**

**Organisation**

**Contact Number**

**Email**

#### Details of Young Person

Name Date of Birth

Age

Contact address:

Contact Phone Number: Gender 🞏Male 🞏Female

Email:

**Special Needs**

Wheelchair access 🞏Yes 🞏No

Interpreter 🞏Yes 🞏No

Do they have any disabilities, illnesses or medical problems, (including eating disorders) that you would like to tell us about?

🞏Yes 🞏No

If Yes, please give details

Are they aware of this referral? 🞏Yes 🞏No

#### Family members

Name(s):

Contact details:

Contact Phone Number:

Relationship(s):

Are they aware of this referral? 🞏Yes 🞏No

**Current situation**

What issues are there for this young person?

How long have these been going on?

Why do you feel this project is suitable for them?

Are you aware of any domestic violence issues with the family? 🞏Yes 🞏No

Have there been any safeguarding issues for the young person? 🞏Yes 🞏No

Please detail below:

**Key Statement from Referring Agency** (Please complete with as much Information as possible)

***Agency declaration.***

I confirm that to the best of my knowledge the information within this form is true and accurate, and I understand that if relevant information has not been disclosed, it may jeopardise the applicant receiving a service from the Listening Project.

Signed……………………………………… Print Name…………………………..

Agency ……………………………………. Position ………………………………..

##### Applicant’s declaration(s)

Data Protection: - M3 Project and the Listening Project fully endorse and adhere to the principals of Data Protection and the 1998 Act. The purpose of the Data Protection legislation is to regulate the way in which personal information about individuals, whether held on computer or in a manual filing system.

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to partner agencies and other M3 staff where necessary.

I also agree that the scheme worker may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary in order to support my application for the Listening Project.

##### Signed ……………………………. Name ……………………………….

##### Date……………….

##### Equal Opportunities Monitoring

How would the applicant describe her/his ethnic origin ?

Asian Pakistani  Asian Indian  Asian Bengali 

Asian other  ………………………………

Black African  Black Caribbean  Black Other ……………………

Chinese  Dual heritage ………………………

White British  White Irish 

I do not wish to say/unknown 