PARKSIDE HIGH
YOUTH REFERRAL FORM

The POD 17 Summerfields Way South Illkeston Derbyshire DE7 9JJ
Email: info@parksidehigh.co.uk Tel: 0115 9301000

Parkside High provide mentoring for Children & Young People who may display challenging behaviour. Our tailored mentoring programs incorporate incentives, targets & milestones. We support Young People to help improve their ability to achieve success whilst building confidence & resilience.

Young people will be given opportunities to participate in several activities. These activities will have been planned to meet the needs of the group and specific individuals but there is an expectation of whole group involvement.

If you believe the young person will benefit from involvement, please complete the referral form with as much detail as possible in order that the panel can fully assess the young person's needs.

Referral

Which Parkside High Service are you accessing?

Streetside (Evening provision for 11-16 years)	☐	Grow Your Own Way (An interactive gardening project for 8+ years)	☐
Streetside Juniors (Afternoon provision for 8-12 years)	☐	Mentoring (Alternative learning for 8+ years)	☐

Date of Application:	
Referring School/Agency	
Contact Name:	
Address:	
Telephone Number:	
Email Address:	

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Details of Child or Young Person

Name:	
Date of Birth:	
Address:	
Telephone Number:	
Ethnicity:	

Details of Parent or Carer(s)

Parent or Carer(s) Name(s):	
Relationship to Child/Young Person:	
Address (if different from above):	
Telephone Number/Mobile Number:	

School Details

School:	
Year Group:	
What level of educational support does the young person receive? *(**Special educational needs require 2:1 staffing.)*	

Current Partner/Agency Involvement

Agency	Tick	Worker Contact Details: (if known)
Behaviour Support:	☐	
Education Welfare:	☐	
Youth Offending Team:	☐	
Drug & Alcohol Services:	☐	
School Health:	☐	
CAMHS	☐	
Paediatric Community Services:	☐	
Children's Services:	☐	
Other Services:	☐	

Referral Information

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What are the young persons strengths and interests?	
What are the young persons reasons for the referral?	
Please outline the professional reason for the referral and the desired outcomes?	

Health Information

Does the young person have any specific health needs? i.e. mental health.	
Are there any health issues relating to the young persons lifestyle? i.e. substance misuse, self harm.	
What are the anticipated challenges the young person may have in accessing and engaging with the project?	
Are there any issues Parkside High Should be aware of which may re-quire extra support? i.e. absconding, lone working concerns.	

	Yes	No
Is the parent(s) or carer(s) aware of the referral and willing to engage with the aims Parkside High set for the child or young person?	☐	☐

Professional Signature:			
Position:			
Parent/Carer Signature:		Date:	

THE POD YOUTH & COMMUNITY CENTRE

PARKSIDE HIGH

arts award centre

ASDAN Registered Centre