

# Breeze Arts Foundation Autumn 2017



**Please include all information that your agency is aware of.  
A lack of information may delay the referral being processed or possibly returned to  
the referring agency.**

## Referral Form

<b>Young Person's</b>	<b>Name:</b>	<b>DOB:</b>	<b>Age:</b>
<b>Gender</b>	Male / Female		
<b>Address</b>			
<b>Phone No. (s)</b>	Home :	Mobile :	

Programme Provider Details	
<b>Name of provider:</b> <a href="#">Breeze Arts Foundation</a>	<b>Name of Contact:</b> <a href="#">Gaby Paradis</a>
<b>Address:</b> <a href="#">First Floor, WYP, 6 St Peters Buildings, St peters Square, Leeds, LS98AH</a>	<b>Tel. No:</b> <a href="#">0113 245 5252/07891 270976</a>
	<b>Email:</b> <a href="mailto:firstfloor@wyp.org.uk">firstfloor@wyp.org.uk</a>

<b>Name of referrer:</b>	<b>Name of referring organisation:</b>
<b>Address:</b>	<b>Tel. No:</b>
<b>Postcode:</b>	<b>Email:</b>
<b>If this referral is from a school, please confirm that you have provided an attendance certificate for the current academic year</b>	Yes / No

<b>Reason for Referral:</b>

**Key Referral Information***(continue on a separate sheet if necessary)*

**What interests does the young person have in the arts industry?**

**What has the young person been doing for the last 12 months (Please list any training, employment or educational courses they have attended)?**

**Are there any issues relating to risk that we need to be aware of prior to contacting the family?  
(e.g Substance misuse, Child protection issues)**

**What barriers to learning (current or future) do you feel the young person may have (i.e. housing)?**

**Are you aware of any issues relating to managing the young person's behaviour at school/college  
(if so please give details)**

**Summary of Young Person's Details**

**Please provide any information which you are able to share regarding the young person**

**Last education attended:**

**Contact Name:**

**Contact Tel/Email:**

**Does the young person have any known learning disabilities?**

**Level of support required for literacy and numeracy (please list if current levels known):**

**Does the young person have an assigned support worker? (Please provide name / agency / contact no.)**

**Has a CAF been carried out with this young person? (please give details if other assessment tool used)**

Other information (please include any criminal convictions):

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**Family Composition**

Name	Relationship	DOB	School/Year	Do they live at home?	Address & Tel if different from that of YP

**Significant Other Family Members / Regular Visitors**

Name	Relationship	DOB	Address and & Tel. Number if known

Are parent(s)/carer(s) employed (if so, please give details eg. full time, part time, seasonal)?

Would any family member consider themselves to be disabled (if so, please give details)?

**Other Agencies Involved / Other Professionals**

Name	Agency	Contact Number and/or Email Address

Are the family aware of this referral?      Yes      No

If not, please give details

If not, please give details
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**Consent to Seek / Share Information / Take Photographs (Service user / Legal Guardian)**

I understand that in order to receive additional support it may become necessary to seek out or share information with other agencies.

**Young Person**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Legal Guardian**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Take Photographs/ Video footage - to be used for monitoring / publicity purposes**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Ethnicity Classification (based on 2001 census)

### White

- British
- Irish
- White Other

If other please state \_\_\_\_\_

### Black/Black British

- Caribbean
- African
- Black Other

If other please state \_\_\_\_\_

### Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Asian Other

If other please state \_\_\_\_\_

### Mixed

- White/Caribbean
- White/Black African
- White/Asian
- Mixed Other

If other please state \_\_\_\_\_

### Chinese/Other Ethnic

- Chinese
- Any Other

If other please state \_\_\_\_\_

- Choose not to answer

**Preferred Language  
(Other than English):**

**Religion (optional):**