



Wiltshire Skills4Success

Inspire Study Programme Referral Form

Please use this form to nominate a young person for the Inspire Study Programme.

- ✓ Please make it clear to the young person that completing this form does not guarantee a place on the programme – they will need to wait for confirmation from a member of the Project Inspire staff team.
- ✓ Please consider any issues that may prevent the young person from participating and how these issues can be resolved.
- ✓ Please return this form to one of the programme tutors.

Contact

Tutor and Support Worker	Sam Hill	07740096473	sam@youthactionwiltshire.org
Tutor and Support Worker	Rachel Greig	07867459187	rachel@youthactionwiltshire.org
Head of YAW	Steve Crawley	07818077764	steve@youthactionwiltshire.org

Please complete this form fully



Youth Action Wiltshire is the youth services arm of Community First
YAW Office 01380 729813 enquiries@youthactionwiltshire.org
Community First, Unit C2, Beacon Business Centre, Hopton Park, Devizes, Wiltshire, SN10 2EY

Registered Charity No: 288117 VAT Registration No: 639 3860 06
Company Limited by Guarantee Reg. No.: 1757334 England
Registered with the Financial Conduct Authority No: FRN311971

Young person's details

Name: _____ Gender: **M** **F** **Other**

Home address: _____
_____ Postcode: _____

Home Telephone: _____ Mobile: _____

Date of birth: _____ National Insurance number*: _____
**NI number must be provided before joining the programme*

Education

Please provide the highest grades/qualifications achieved by the young person so far.

Maths: _____ English: _____

Highest other grade/qualification gained so far (any subject): _____

Reason for referral and background information

Please include relevant information, where applicable, about the young person's situation regarding education, work, accommodation, transport, behaviour, offending, mental health and anything else that might affect their participation in the Inspire Study Programme.

Please use additional sheets if necessary.

Does the young person have any learning difficulties/learning disabilities/statement of special educational needs/mental health barriers?

Yes **Further details:**

No

Does the young person require additional support to engage with group work sessions?

Yes **Further details:**

No

Are there any personal circumstances that have been barriers for the young person in the past?

Yes **Further details:**

No

Does the young person present a risk to themselves or others?

Yes **Further details:**

No

Is the young person a tenant in a property provided by or managed by any of the providers listed below?

Please tick ✓ the most relevant option.

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Aster	<input type="checkbox"/>	(I am not sure)	<input type="checkbox"/>
GreenSquare	<input type="checkbox"/>	(I would prefer not to say)	<input type="checkbox"/>
Selwood Housing	<input type="checkbox"/>		
(Other housing provider)	<input type="checkbox"/>	(None of options listed)	<input type="checkbox"/>

We ask for these details because housing associations sometimes provide Youth Action Wiltshire with funding and resources to support their tenants on its youth programmes.

Ethnicity

Please tick ✓ to indicate the young person’s ethnicity.

White			Mixed				Asian or Asian British				Black or Black British			Chinese	Other Please state:
British	Irish	Other White	Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	Black	Black African		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referring organisation/referee details

If you are completing this referral on behalf of the young person nominated in this form, please provide your own details below.

Contact name: _____ Date of referral: _____

Company/organisation: _____ Job role: _____

Address: _____

Postcode: _____

Telephone: _____ Email: _____

Data protection

Community First/Youth Action Wiltshire (the delivery body) and Wiltshire Council (the Lead Accountable Body) will store, use and share the information provided on this form in compliance with the Data Protection Act (1998). How this information is stored, used and shared is outlined in detail in the document “WS4S Programme - Data Protection Terms and Conditions”. Please read this document before you proceed.

Declaration:

I have read and understood the information outlined in the document “WS4S Programme - Data Protection Terms and Conditions” and hereby authorise Community First/Youth Action Wiltshire and Wiltshire Council to store, use and share the information supplied in this referral form with internal/external services and organisations as outlined.

Signature of person making this referral: _____ Date: _____

or please tick here if this is a ‘self-referral’ made by the young person (no referee signature required)

Young person signature: _____ Date: _____

Parent/guardian signature
(only required if young person is under 18): _____ Date: _____

or please tick here if the young person is aged 16 or 17 and living independently (no parent signature required)

Thanks for taking the time to complete this form.

For office use only

Referral accepted? (YES / NO)	Date	Further information (if necessary)