ROSEMOUNT LIFELONG LEARNING

AIM HIGH PROJECT

**REFERRAL FORM**

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| **Referral Agency** |  |
| **Contact Name and Details**(Include e’mail and telephone number) |  |

**YOUNG PERSONS DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Address & Postcode** |  |
| **Date of Birth** |  |
| **Telephone Number** |  |
| **Gender** |  |
| **Name of Child** |  |
| **DOB of Child/Age** |  |
| **Other agencies involved with young parent**(Social work/NHS Health Worker or Midwife) |  |

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| Is the young person aware of this referral? | **Yes/No** |
| How should the young person be contacted? | **Visit/Telephone** |
| Are there any risk factors to be considered? |  |
| Please add any other information you think we should be aware of. |  |

**Please send completed forms to** **Triciad@rosemount.ac.uk** **or Kiran.dulai@rosemount.ac.uk**

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| **Data Protection Act**Information provided by you may be held on computer filed. Any information held in this way will be used for the purposes of assisting Rosemount Lifelong Learning to place young people in suitable vacancies or training and monitoring the progress of young people whilst they are registered with Rosemount Lifelong Learning | **Rosemount Lifelong Learning Client Confidentiality Policy**Rosemount Lifelong Learning operates a client confidentiality policy which provided safeguards for all clients. All referrals are subject to this guidance and specific implications for referring agencies should be noted. Copies of the policy can be obtained from the key worker on request. |