Send all referrals to YDSreferrals@enfield.gov.uk

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| --- |
| **Child/ Young Person’s Name:** |
| Address: |
| Tel:  | Child ID(if applicable): |
| Date of birth:  | Male/Female  |
| Ethnicity:  | SEND |
| CIN Plan  | Active TAF / TAC  |
| Care leaver  | Looked After Child  | Subject to a Child Protection Plan  |
| YOS prevention  | Early Help  | Statutory YOS order  |
| Name of parent/carer:  | Name of social worker (if applicable) |
|  |  |

|  |  |
| --- | --- |
| **Reason for Referral**  |  |
| **Refer to Inspiring Young Enfield YLF programmes** **(please tick) for more information on individual programmes refer to programme outline attachment** |

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| --- | --- | --- |
| HOLLER □ | OASIS/ENACT □ | RUDOLPH WALKER Foundation □ |
| LYRC □ | FAZ Madtrack □  | EDMONTON EAGLES □ |
| WELLBEING CONNECT □ | SCORPIONS BASKETBALL | PARENT ENGAGEMENT NETWORK |
| ELEVATION CIC □ | RAP CLUB □ | JOE MORRIS LEGACY □ |
| FAMILY BASE SOLOUTIONS □ | STEPPAZ PERFORMING ARTS □ | WORK WORKS MENTORING □ |
| BULD ENFIELD □ |  |  |

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| **Referrer Name:****Department/agency:**  |
| Position:  | Date  |
| Tel:  | Email:  |
| Does child/young person know about referral? Yes No  |