Send all referrals to [YDSreferrals@enfield.gov.uk](mailto:YDSreferrals@enfield.gov.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **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** | |  |  |  | | --- | --- | --- | | 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 □ |  |  | |

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