



HERTFORDSHIRE

**FORM FOR REFERRAL TO THE
HERTFORDSHIRE CONNEXIONS SERVICE**

Agency referred to	<input type="text"/>
Date referral made	<input type="text"/>
Date referral received	<input type="text"/>

***PLEASE SEE GUIDANCE NOTES ON PAGE 4 FOR COMPLETION OF FORM**

YOUNG PERSON'S DETAILS			ETHNIC GROUP (please tick)		
First Name	<input type="text"/>		Asian or Asian British - Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Middle Name	<input type="text"/>		Asian or Asian British – Indian	<input type="checkbox"/>	<input type="checkbox"/>
Surname	<input type="text"/>		Asian or Asian British - Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Also known as:	<input type="text"/>		Asian or Asian British – any other Asian background	<input type="checkbox"/>	<input type="checkbox"/>
Gender	Unique Pupil Number	D.O.B.	Black or Black British - African	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Black or Black British - Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Year Group	<input type="text"/>		Black or Black British – any other Black background	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate which year if person is in a different group from his/her age peers			Mixed – White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>			Mixed – White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
Contact address	<input type="text"/>		Mixed – White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		Mixed – any other mixed background	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		Other ethnic groups – Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Number	<input type="text"/>		Other ethnic groups – any other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		White British	<input type="checkbox"/>	<input type="checkbox"/>
Name of school/college/employer/training provider			White Irish	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>			White – any other white background	<input type="checkbox"/>	<input type="checkbox"/>
Other details that might assist with the appropriate allocation of a personal adviser, e.g. English as a second language, religious or cultural background			Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>			White Traveller	<input type="checkbox"/>	Gypsy / Roma
			Traveller Irish Heritage	<input type="checkbox"/>	Turkish
			Italian	<input type="checkbox"/>	
			Looked After Child	<input type="checkbox"/>	Care Leaver
			Asylum Seeker	<input type="checkbox"/>	Young Carer

REASONS FOR REFERRAL

Referrer details:

Name:	Position:
Agency/Organisation:	
Contact address:	
Telephone (work):	Email address:
Telephone (mobile):	

Referrer's recommendation for action:

Name:

Signed:

Date:

KNOWLEDGE OF OTHER AGENCY INVOLVEMENT

	Involved?	Information obtained?	Comments
Careers			
Children, Schools and Families Service <ul style="list-style-type: none"> • Behaviour Support Team • CSF Workers • Educational Psychologist • ESC/Outreach • Education welfare • Family Support Service • Home & Hospital Education Service • Social Work • Specialist Advisory / Support Teachers (e.g. Looked after Children /Minority Ethnic Curriculum Support) • Youth Offending Teams • Youth Service • Youth Teams - Youth Programme &/or Young Citizens Project • Other (specify) 			
Health (e.g. GP, school nurse, paediatrician, Child and Adolescent Mental Health, Health visitor)			
Housing			
Police/ Probation			
Voluntary Sector (e.g. counselling or other support service)			
Other (specify)			

Is the young person aware of the referral?

Yes

No

YOUNG PERSON'S CONSENT TO SHARE THIS INFORMATION

I agree for the referral to be made and understand that essential information may be shared to help me achieve my goals

Signature of Young Person-----

*** GUIDANCE NOTES FOR REFERRAL TO CONNEXIONS PERSONAL ADVISERS**

Personal Advisers are based in a range of agencies and referrals should be made to the appropriate agency based on the following information:

MAINSTREAM SCHOOL- BASED REFERRALS TO CONNEXIONS PERSONAL ADVISERS

Connexions contracts with a range of agencies to provide general and specialist support to young people.

Process: all mainstream school referrals are made through the school's Connexions Co-ordinator ensuring that there is discussion with the Careers Co-ordinator, Behaviour Support Team, EWO, ESC Outreach and other Services as appropriate

LEVEL 1 SUPPORT Intensive, sustained individual support for:

- Pupils aged 13 to 19 yrs who:
- Have significant behavioural difficulties (e.g. aggressive behaviour)
- Have had a fixed term exclusion
- Are at serious risk of permanent exclusion

LEVEL 2 SUPPORT In-depth guidance & support, including individual & group support for:

- Pupils aged 13 to 19 yrs who:
- Are at risk of becoming disengaged
- Are underachieving
- Lack motivation

LEVEL 3 SUPPORT Information, advice and guidance for:

- Pupils aged 13 to 19 yrs who:
- Require impartial career guidance and/or other relevant information/support in order to make well-informed decisions about, and effective transitions to, work or learning.

WATFORD COUNCIL FOR VOLUNTARY SERVICE

Support for young people who have issues related to ethnicity and are:

- African Caribbean
- Muslim
- Mixed Heritage

MINORITY ETHNIC CURRICULUM SUPPORT SERVICE

- Muslim young people, aged 13-19yrs, in the Hemel Hempstead or St Albans area.
- Traveller young people aged 13-19yrs, whose barriers to learning stem from their cultural background.
- Advice also available for other ethnic minority groups throughout Hertfordshire.

Process: For Traveller young people ring 0778 9650248.

For Unaccompanied minors who are asylum seekers ring 01462 618623

For all other minority ethnic young people ring 01582 830202.

SPECIAL SCHOOLS

HERTS CAREERS SERVICE (ACCESS-ABILITY)

- Pupils in Years 9-14 with SEN who:
- Require guidance and support to make effective transition from school.

Process: referrals should be made through the school's Personal Adviser via the referral form or call the Duty Line on: 01462 704901.

OTHER REFERRALS TO CONNEXIONS PERSONAL ADVISERS

HERTS CAREERS SERVICE Information, advice, guidance and support for:

- Young people aged 16-19yrs (25yrs with Learning Difficulties or Disabilities) who have left school, particularly those who are not in education, employment or training and require impartial guidance to make well-informed decisions about work or learning.
- Young people aged 16-25 years where LDD presents barriers to accessing appropriate opportunities.
- Young people in the labour market aged 16-18 who have barriers preventing them from moving successfully into learning or work

Process: referrals will be made through discussions between the School Connexions Co-ordinator or College representative and Personal Adviser or referral forms sent to: Team Leader Secretary, Herts Careers Service, Delta House, Avenue One, Letchworth, SG6 2HU. Tel 01462 705000. Fax 01462 705001.

OTHER REFERRALS TO CONNEXIONS PERSONAL ADVISERS ... Continued

YOUTH TEAM (post 16) LEVEL 1 SUPPORT Intensive, sustained individual support for:

- Young people aged 16-19yrs who are not in education, employment or training with priority given to those previously in The Youth Programmes Unit

Process: Referrals to PAs in Youth Teams are made through the 4 Youth Team Managers.

For local numbers ring: 01438 219066.

EDUCATION AND TRAINING SUPPORT SERVICE FOR CARE LEAVERS

- Young people who are in or have been in care.

Process: Referrals are received from the Advisory Teachers for Looked After Children and Herts Leaving Care Service. For further enquiries about the referral procedure, please contact the team on 01707 272530.

For any other enquiries about education training and employment of care leavers, please contact Aidan Moffat on 01992 555485.

YOUTH OFFENDING TEAM

- Young people aged 13 to 17 with a lengthy custodial sentence or extended period of YOT supervision.

Process: Referrals to PAs in the YOTs are made through the 4 YOT managers.

For local area numbers ring: 01992 556337

YOUTH SERVICE TEENAGE PREGNANCY/PARENTHOOD LEVEL 1 SUPPORT

- Young parents aged 13 to 19 who have multiple and complex needs and who are not yet ready for education, employment or training. (See below for other referrals)

Process: For details ring North: 01438 219055, South: 01923 354666, West: 01727 753100, East: 01992 312710

HERTS CAREERS SERVICE (post 16) TEENAGE PREGNANCY/PARENTHOOD LEVEL 2/3 SUPPORT

- Young women pregnant 16 years plus who are
- Young parents 16 years plus who are not in education, employment or training and who need level 2/3 support to stay in or return to learning

Process: Referral form to: Team Leader Secretary, Herts Careers Service, Delta House, Avenue One, Letchworth, SG6 2HU. Tel 01462 705000. Fax 01462 705001.

MINORITY ETHNIC CURRICULUM SUPPORT SERVICE

- Muslim young people aged 13-19yrs, in the Hemel Hempstead, St Albans or Watford areas.
- Traveller young people aged 13-19yrs, whose barriers to learning stem from their cultural background.
- Unaccompanied minors who are asylum seekers, aged 13-19
- Advice also available for other ethnic minority groups throughout Hertfordshire.

Process: For Traveller young people ring 0778 9650248.

For Unaccompanied minors who are asylum seekers ring 01462 618623

For all other minority ethnic young people ring 01582 830202.

WATFORD COUNCIL FOR VOLUNTARY SERVICE

Support for young people who have issues related to ethnicity and are:

- African Caribbean
- Muslim
- Mixed Heritage

Process: Referral form to: Watford CVS, 149 The Parade, Watford, Herts, WD17 1RH (Tel: 01923 254400)