**On Track Team Referral Form**

**This form must be completed before any activities are undertaken as part of the project.**   
On Track Team is a well-established service within The Matthew Project, aimed primarily at 13-24 year olds who are furthest from the labour market and who are, or at risk of being not in education, employment or training, to help them overcome their barriers to progression. For those that are eligible, we provide one-to-one sessions and/or positive activities.

The projects within the On Track Team are listed below. Please tick the box of the project(s) you would like to refer your young person into:

**Central Great Yarmouth (Nelson Ward) Engagement Coaching –** Is a project aimed at 14-19 year olds who are either NEET (not in education, employment or training), or at higher risk of becoming so.  It offers 1-2-1 coaching in school/college or outreach complimented by follow-on confidence and aspiration building activities,  groups and community engagement. The aim of the project is to bridge the gap between disadvantaged young people and education, employment and training opportunities**.**

**Safe Space -** Is a project to support young people aged 13-18 who are NEET (or at risk of) to access regular positive activities and community engagement.  The activities will be in a small group of no more than ten young people and will be Norwich City based.  The aim of the project is to raise young people’s motivation and support them by building resilience to have hope for the future.

**King’s Lynn and West Norfolk Coaching** – Is a project aimed at 16-24 year olds furthest from the labour market, to reduce barriers to training and employment across King’s Lynn and West Norfolk. It offers 1-2-1 outreach coaching and follow-on employability-based activities and groups. The aim of the project is to bridge the gap between disadvantaged young people and employment and training opportunities.

**Please note:**

You can view our policies here including our privacy policy: [Documents and policies](https://www.matthewproject.org/documents-and-policies)

**Please email** [**contact@ontracknorfolk.org**](mailto:contact@ontracknorfolk.org) **with the completed Referral Form or with any questions you may have.**

**Part 1: IMPORTANT - Consent (MUST be ticked for us to accept the referral)**

**I can confirm I have gained consent from the young person for the referral to be made.**

**Part 2: Referrer details (do not complete if self-referral)**

|  |  |
| --- | --- |
| Referrer Details: | |
| Name of Referrer: |  |
| Referrer Telephone Number: |  |
| Referrer Email Address: |  |
| Referral Organisation: |  |
| Date of Referral: |  |

**Part 3: Young person’s details**

|  |  |
| --- | --- |
| Contact Details for Young Person: | |
| Title: |  |
| Full Name: |  |
| Preferred Name: |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them  He/Them  She/Them  Other *(if other, please specify):* |
| Main Tel Number: |  |
| Secondary Tel Number: |  |
| Email Address: |  |
| Address: |  |
| Postcode: |  |
| Date of Birth: |  |
| Do you have access requirements? Physical (Wheelchair access), mentally (anxiety), or culturally |  |

**Part 4: Additional Information (Must be completed)**

|  |  |
| --- | --- |
| Additional Information (All questions MUST be completed): | |
| Is the young person currently in education/employment or training? | Yes  No |
| Is the young person currently on a mental health waiting list?  If Yes, then please advise who with: | Yes  No |
|  |
| Is the young person a looked after child? | Yes  No |
| Does the young person have special educational needs and disabilities (SEND) | Yes  No |
| Current school attendance percentage at the time of referral (if known): | % |

|  |  |  |  |
| --- | --- | --- | --- |
| Young person’s Emergency Contact Details (please provide at least 1) If the young person is under 16 this must be a parent/guardian or carer: | | | |
| Name | **Relationship to young person** | **Phone Number 1.** | **Phone Number 2.** |
|  |  |  |  |
|  |  |  |  |

**Part 5: Support needed**

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| --- | --- | --- |
| Please tick the boxes of any barriers that currently apply to the young person: | | |
| Substance misuse  Homelessness/at risk of  homelessness  Mental health  Physical disability/illness  Behavioural issues | **Learning difficulties/disabilities**  **Language barriers**  **Carer**  **Care leaver**  **Criminal convictions**  **Economically inactive** | **Low educational attainment**  **Black, Asian and minority ethnic**  **(BAME)**  **Affected other**  **Transport/Living in a rural area**  **Other *(if other, please specify)*** |
| Please provide further details on any of the barriers that you have ticked, as well as details of any other barriers the young person is facing that are not listed above: | | |

**Part 6: Other Services**

|  |  |
| --- | --- |
| Other services: | If yes, please give details in the space below: |
| Is the young person currently accessing any services?  (i.e., other projects, charitable services, relevant statutory services, rehabilitation etc.) |  |
| Has the young person previously accessed any services?  (i.e., other projects, charitable services, relevant statutory services, rehabilitation etc.) |  |

**Part 7: Risk - if the young person, or their situation, poses any potential risk to themselves or others, please include details here:**

|  |  |  |
| --- | --- | --- |
| Please tick the boxes of any risks that currently apply to the young person: | | |
| Accidents  Causing harm  Risk to children  Domestic abuse  Domestic violence  Domestic violence (offending)  Driving or operating machinery  Exploitation/abuse by others  Home visit | **Homeless/sofa surfing**  **Mental health**  **Neglect**  **Physical health issues**  **Poor engagement with services**  **Risk to staff**  **Self-harm**  **Sex Working**  **Sexual Offending** | **Suicide**  **Substance misuse**  **Self-neglect/not keeping myself safe**  **Violence to others**  **Withdrawal from service before completion**  **Other Offending**  **Other *(please specify below)*** |
| Please provide further details on any of the risks that you have ticked, as well as details of any other risks the young person is facing that are not listed above: | | |
| Previous Offences including details: | | | |
| Has the young person got a criminal record or any criminal pending prosecutions? | | | |

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| How did you hear about us (please circle): |
| Event  Face to face  Internet search  Leaflet  Newspaper  Your own organisation  Poster  Social media  Other *(if other, please specify):* |

|  |  |
| --- | --- |
| Equality, Diversity and Inclusion (This section is optional): | |
| All the questions in this section are voluntary, so you can leave it blank if you prefer. We ask these questions to monitor equality across our projects and make sure that everyone is treated fairly. If you are a referrer, please complete this section with the client’s details.  *(Please complete only if you are happy to do so)* | |
| What is your marital status? *(Only answer if 18 years or over)* | Common-law partnership  Divorced  Married  Separated  Single  Widowed  Prefer not to say |
| How do you describe yourself? | Female  Male  Gender non-conforming  Non-binary  Transgender Female  Transgender Male  Prefer not to say  Other Gender *(if other, please specify:* |
| Does your gender differ from the gender you were assigned at birth: | Yes  No  Prefer not to say |
| Do you consider yourself to be: | Bisexual  Gay or Lesbian  Heterosexual or Straight  Prefer not to say  Other *(If other , please specify):* |
| Ethnicity (Please circle the one that applies): | **Asian or Asian British** (Bangladesh, Chinese, Indian, Pakistani, Any other Asian background)  **Black, Black British, Caribbean or African** (African, Caribbean,Any other Black, Black British, or Caribbean background)  **Mixed or multiple ethnic groups** (White and Asian, White and Black African, White and Black Caribbean, Any other Mixed or multiple ethnic background)  **White** (English / Welsh / Scottish /Northern Irish / British, Irish, Gypsy or Irish Traveller, Roma, Any other White background)  **Prefer not to say**  **Other ethnic group** (Arab/Any other ethnic group) *(If other, please specify):* |
| Religious beliefs: | Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  No Religion  Prefer not to say  Other religion *(if other, please specify):* |