



## Referral Sheet

Welcome! We are really pleased you have decided to refer a young person to the Get Set project.

The information you provide will not exclude a young person from taking part. It will be used to place them appropriately.

We will not share this information with any external parties without the applicant's consent.

Please complete the following with the young person's input and consent:

### Referrer's Details

Name

Organisation

Contact Address

Postcode

Email

Telephone

Mobile Number

Name of young person  
you are referring

Date of referral

### Risk Assessment

Please complete the following in regards to your assessments of the above named young person being suitable to take part in a work placement.

**Does the young person have any cautions or convictions, spent, unspent or pending?**

Yes

No

Unknown

**If yes, please provide the following:**

Offence	Date	Outcome	Current situation (spent, unspent, pending)

**Is the young person at risk of:**

- Re-offending
  - Substance misuse (drug and alcohol)
  - Violence / aggression
  - Use of weapons
  - Sexual violence against others
  - Harm to children
  - Harm to self
  - Arson / fire setting
  - Causing damage to property
  - Vulnerability to mental health issues
  - Vulnerability to learning difficulty
  - Other (please state)
- 

**Does the young person have a social worker, support worker, probation officer or a Youth Offending Service worker?**

Yes      No      Unknown

          

If yes, please give the name and contact details, if known:

Does the young person have any medical or health conditions you are aware of?

As far as you are aware, are there any medication or support needs?

**GP details:**

Name

Surgery Address

Telephone

Unknown

**TO BE SIGNED BY REFERRER** - In my opinion this applicant is recommended to Get Set to be considered for a mentored work experience placement.

**Signed**

**Date**

**TO BE SIGNED BY APPLICANT**

I have read this referral form/ the contents of the referral form have been read to me (delete as appropriate) and confirm that the details are correct. I agree that the contents of this form, including my unspent convictions, can be disclosed to Get Set and any other services relevant to me participating on the project.

**Signed**

**Date**

Please ensure that the young person is also supported to complete the separate application form and attach.

Thank you for the referral. Please attach the completed application and return both documents to:-  
Savita Vaid, Get Set Project Co-ordinator  
Snibston, Ashby Road, Coalville, LE67 3LN  
Email: [getset@leics.gov.uk](mailto:getset@leics.gov.uk) Tel: 0116 305 0603