**Targeted Support Enquiry**

Please use this form to tell us why you think a Youth Worker could help.

**Please Note: Completing this form with a young person really helps ensure engagement and that the young person is able to get the right support at the right time.**

**This form may be returned to you if NOT completed *with* the Young Person**

**Date of Enquiry : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Young Person’s Details**

| Name/  Preferred Name |  | Date of Birth |  |
| --- | --- | --- | --- |
| Address & Home Tel No |  | | |
| YP Mobile: |  | | |
| YP Email |  | | |
| Parents/Carers Name/s |  | | |
| Contact details emergency use |  | | |
| School/College/Education setting |  | | |

**If your enquiry is about a young person not thriving in the educational environment please contact our Education Support Service about the support they can offer 01392 348215** [**educationsupport@spacepsm.org**](mailto:educationsupport@spacepsm.org)

**Why would you like support from a youth worker?**

| **Enquirer’s opinion**: Please describe the young person's current experience and what is happening in order for you to make an inquiry to SPACE?  What is going well?  What is going not so well? |
| --- |

| **Young Person’s opinion**: Please describe your current experience and what is happening in order for you to request support from a Youth Worker  What is going well?  What is going not so well?  What do you hope a youth worker could help with?  What have you tried in the past in relation to the above?  What has or has not worked? |
| --- |

**Which issues do you think are contributing to the young person’s needs? (please highlight)**

| Anger | Criminal Exploitation | CSE | Domestic Abuse | Emotional Abuse | Homelessness |
| --- | --- | --- | --- | --- | --- |
| Mental Health Depression | Mental Health Low Mood | Mental Health Anxiety | NEET | Neglect | Online Issues |
| Parental Capacity | Parental Conflict | Other Parental Issue | Physical Abuse | Physical Health & Fitness | Relationships - Sexual Health |
| Running Away - Missing | Self Harm | Sexual Abuse | Sibling Relationships | Substance Misuse | Suicidal Ideation |
| Bullying | Friendships  Peer Relations |  |  |  |  |

| Are the young person’s parents/guardians aware and if so what are their views? Can we contact them if appropriate? |
| --- |

| We have a range of targeted offers for young people - face to face and remote support (online and phone) as well as our open-access sessions and targeted group work.  Please note targeted group work is not available in all areas.  Face to face youth worker is available from your local youth centre.  Please select which form of support you (the young person) would prefer?  Online: ▢ Telephone: ▢ Face to Face 1:1: ▢ Group Work: ▢ Open Access: ▢ |
| --- |

**Disclosed disability: Yes ▢ No ▢ (please state the nature of the disability below)**

|  |
| --- |

**Health, Safety & Welfare**

| Is there anything relating to the safety and wellbeing of your enquiry that we should be aware of, for example medical, behavioural, access and communication needs: |
| --- |

**Who is making the enquiry?**

| Name:  Role/Job Title |  | | |
| --- | --- | --- | --- |
| Contact details  Phone/Email |  | | |

**Multi Agency Details**

| Is the young person open to early help? | | Yes | No |
| --- | --- | --- | --- |
| If yes name of lead practitioner | |  | |
| Is the young person open to social care? | | Yes | No |
| If yes - name of social worker | |  | |
| Is the young person a looked after child? (CIC) | | Yes | No |
| If yes - name of social worker | |  | |

| Is the young person part of any clubs/youth groups? | | | | | |
| --- | --- | --- | --- | --- | --- |
| How did you hear about SPACE? | | | | | |

We take your data privacy very seriously, we have published our privacy statement online via the dedicated page on our website which answers all questions related to GDPR. We will record and use the information you provide in this form with the utmost respect in accordance with all legal frameworks.

| **Signature of Young Person:** |  | **Date:** | |
| --- | --- | --- | --- |
| **Signature of Referrer:** |  | **Date:** | |
| **Signature of parent:**  **(if YP under 13)** |  | **Date:** | |

**Please send to the youth worker responsible for your geographical area Youth Hub (found on our website** [**https://www.spaceyouthservices.org/find-a-space**](https://www.spaceyouthservices.org/find-a-space)**)**

**All serious safeguarding concerns should be referred to social care through**

**the Multi Agency Safeguarding Hub (MASH) : 0345 155 1071**