



**Referral Form** **Centre:**

**1. Name of Applicant:** \_\_\_\_\_

Male  Female

D.O.B. Day   Month   Year

PPS No: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Type of Accommodation: Home  Hostel  Other

**2. Referral Agency:** \_\_\_\_\_ **Name of referee:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

Reason For Referral: \_\_\_\_\_  
\_\_\_\_\_

**3. Educational History:**

Second Level Schools Attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Tel No: \_\_\_\_\_

Age on leaving school: \_\_\_\_\_ Date last attended school: \_\_\_\_\_

**Exams Taken:** Junior Cert  Leaving Cert.  Other

**Results of exams taken:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the applicant ever been assessed for educational purposes:**

Yes  No

**If the answer is yes please give details and include relevant reports:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the applicant ever been identified as a potential early school leaver or received specific support in this respect:**

Yes  No

**If yes please give details:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the applicant ever received any additional resources in relation to Special Educational Needs:**

Yes  No

**If yes please give details:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. Background Information:

**Has the applicant been in contact with any relevant professional, e.g.:**

Social Worker  Advocate  Junior Liaison Officer (JLO)

Counsellor  Education + Welfare Officer  Family Support Worker

Psychiatrist  Special Needs Co-ordinator

Psychologist  Drug Treatment Clinic

Other (Please Specify) \_\_\_\_\_

**Has the applicant ever been psychologically assessed:**

Yes  No

**If the answer is yes please include the psychological report and the name of the relevant psychologist:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the applicant have any specific health problems that the centre should be made aware of:**

Yes  No

**If yes please give details:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the applicant on any prescribed medication:**

Yes  No

**If yes please give details:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the applicant have any behavioural/ emotional problems that the centre should be made aware of (Please specify)**

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**Any additional information not addressed above:**

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***Signature of referee:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Staff member:*** \_\_\_\_\_

***All information received will be treated in strictest confidence and will be used for the sole purpose of determining suitability of the Youthreach programme for the applicant.***

***In the absence of a referral body, the referral form should be completed by a member of staff who has sought out the information needed from schools or relevant agencies.***