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**Children Looked After/Leaving Care Referral Form (Version 7 June 2020)**

The Employment and Support Team, part of Virtual School for Children Looked After, can support a young person from 14 to 25 years old with employment, education or training options. Support can range from a work experience placement, Apprenticeships, employment (both full and part time) or we refer to external partners to prepare young people to be 'work ready' or further study. Our work is on a 1-1 basis and put the young person at the centre of the support offered. We specialise in taking 'work ready' young people and supporting them into employment. On receipt of the completed referral form to the [employmentsupport@lancashire.gov.uk](mailto:employmentsupport@lancashire.gov.uk) mailbox, a manager will review and then assign to an Employment Officer who will be in touch shortly to arrange to meet the young person with you for you to introduce us.

Please note: If your young person needs 'work ready/preparation' training then please use this link to book them on directly to available courses in your area. <https://www.movingonlancs.co.uk/opportunities-map/>

|  |  |
| --- | --- |
| Name of young person and preferred name (if different): |  |
| LCS SU Number: |  |
| Address of young person (if different to LCS): |  |
| Contact telephone number of young person: |  |
| Name of Person referring:  Role of person referring:  Contact Number: |  |
| CLA status:  (please highlight or mark your answer in **Bold**) | Eligible Relevant  Former Relevant Qualifying |
| What career/area of work are they interested in? |  |
| What are the young person's barriers to work? |  |

**Risk Assessment Pro Forma**

Please ensure you complete all sections which may have an impact on the placement the client is supported into.

Convictions, cautions, reprimands or final warnings – include nature of incident and dates

Incidents which have not resulted in a conviction or a caution and any forthcoming court appearances

Health Information – disability, mental ill health (now or in the past), medication, allergies

Other – please provide any other information we may need to know about the client

**Criteria checklist (to be completed by the referrer)**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Has this referral been discussed with the young person? |  |  |
| Does this young person have secure accommodation? |  |  |
| Is this young person ready to proactively engage with our service? |  |  |
| Is this young person willing to travel to work independently? (initial training can be provided) |  |  |
| Is this young person willing to meet an Employment Officer in a community venue (outside of their home)? |  |  |
| Is this young person ready to partake in a minimum of an unpaid work placement? |  |  |
| Is this young person drug or alcohol dependent?  (if yes – details including if they are receiving specialist support) |  |  |
| Is the young person in debt  (if yes – details including if they are receiving specialist support) |  |  |
| Has this young person been excluded from any colleges/training providers or dismissed from work?  (if yes – please detail) |  |  |

Name of Referrer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to [employmentsupport@lancashire.gov.uk](mailto:employmentsupport@lancashire.gov.uk)