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| MAST Referral Form | | | |
| **REFERRER DETAILS** | | | |
| Name: | Date of Referral: | | |
| Organisation:  (Please indicate if self-referral) | | | |
| Contact address: | | | |
| Email: | | | |
| Telephone: | | | |
| Mobile Phone: | | | |
| **YOUNG PERSONS DETAILS** | | | |
| Name: | DOB: | | Gender: |
| National Insurance No: | | | |
|  | | | |
| Contact Address: | Current support network and accommodation: | | |
| Telephone Number: | Email: | | |
| If in receipt of benefit, please list: | Current situation: Please delete as appropriate  School/College/Employment/Training/NEET | | |
| Name and contact of social worker: | | | |
| Name and contact of Careers worker: | | | |
| Does the young person have any learning needs? | | YES / NO | |
| Is young person UASC/Asylum seeker? | | YES / NO | |
| Are they permitted to work in the UK? | | YES / NO | |
| Do they have documentary evident to prove above? | | YES / NO | |
| Is the young person in care or have been in care at any point of their life? | | YES / NO | |
| Has the young person given their consent for their information being passed on to MAST | | YES / NO | |
| **RISK ASSESMENT** | | | |
| Are there any substance mis use that impact the young person?  If so please give details in the NOTES below. | | YES / NO | |
| Does the young person have any convictions, spent, unspent or pending?  If YES please give details below including contact for YOS/probation worker. | | YES / NO | |
| Does the young person suffer from any allergies or health risks?  If so please give details in the NOTES below. | | YES / NO | |
| Are there any issues MAST need to be aware of that could affect/need consideration of when working with the young person?  If so please give details in the NOTES below. | | YES / NO | |
| Does the young person have any specific requirements | | YES / NO | |
| **NOTES/ADDITIONAL INFORMATION** | | | |
| **Please continue on separate sheet if necessary** | | | |
| **DECLARATION** | | | |
| **“I Believe this young person is to be referred to MAST for a programme which will aid independence and stability”**  **PLEASE NOTE ALL INFORMATION ON THE SHEET WILL BE SHARED WITH THE YOUNG PERSON NAMED**  **Signed:** | | | |
| **Name:** | | | |
| **Date:** | | | |

A close up of a logo

Description automatically generated

Thank you for your referral. Please email to [fstyles@mastservices.org](mailto:fstyles@mastservices.org).