# **Referral Form: Building Bridges Project**

**Name of Young Person:**

**Address:**

**Home phone: Mobile phone:**

**Email:**

**D.O.B: Age:**

**Parent/Carer Contact Details:**

**Home phone: Mobile phone:**

**Email:**

**No of Carers: No of Siblings: No of Young Carers:**

**Has a Carers assessment been completed? Yes or No or In process**

**Has the young person agreed to this referral?**

**Most recent school/ college / day activities:**

**Name of referrer and contact details:**

**Date of referral:**

**Reason for referral:**

**About Me. Things I like to do (hobbies, interests)**

**Things I don’t like (too much noise etc.)**

**Things you think we should know to help you settle in?**

**Medical information:**