



Initial Referral Form

Programme Being Referred to				
AIM Arts Academy	Creative Mentoring	Starfish Plus	Starfish	Thursday Creative Club
MUSIC & MEDIA BASED LEARNING FOR YOUNG PEOPLE AGED 16-18	CREATIVE MENTORING AROUND A KNOWN CREATIVE INTEREST FOR YOUNG PEOPLE AGED 9-18	1 TO 1 MENTORING FOR YOUNG PEOPLE AGED 8-18	SMALL GROUP MENTORING FOR YOUNG PEOPLE AGED 8-12	EXPLODE YOUR CREATIVITY, A GROUP FOR 11-16 YEAR OLDS TO EXPLORE CREATIVE INTERESTS

Referrer Name				Referral Date		
Referrer School / Organisation (inc Address)						
Referrer Email				Referrer Phone		
Young Person's Name				Current EHCP	New EHCP in progress	
Address						
Date of Birth		Age		Year Group		
Current School (if different from Referrer)						
Parent/Carers/ Guardian Name(s)						
Parent/Carer/ Guardian Email				Parent/Carer/ Guardian Phone		
Are Parents / Carer / Guardian aware of this referral?				YES	NO	
Reason for referral						
Other Agencies Currently Supporting: CAHMS YOS Other <i>Please add details of other if required</i>						
Creative Interests						

Please specify if the young person has any of the following:

Personal	• Low self-esteem	• Diagnosed SEN
	• Lack confidence	• Undiagnosed SEN
	• Lack communication skills	• Anxiety
	• Isolated from peers	• Self-Neglect
	• Bullied BY others	• Self-Injurious Behaviour
	• Bullying OF others	• Suicidal thoughts
	• Long-term illness	• Other Mental Health
	• Physical Disability	• Making Allegations (whether or not substantiated)
Education	• Occasional non-attendance at school (below 85%)	• Low aspirations
	• Regular non-attendance at school	• Home Educated by Choice
	• Non-Attender / Off Rolled	• Home Educated by Need
	• Low Rate of Educational Progress	• Dyslexia
Home Setting	• Financial Hardship/Poverty	• Family demonstrates low level anti-social behaviour
	• Young Carer	• Lack of access to opportunities outside of school
	• Parents/carers are socially excluded	• Lack positive role models
	• In Social Care or Fostering	• English as a Second Language
Behaviour Concerns	• Disruptive, challenging behaviour or bullying at school	• Low level offending
	• Disruptive or challenging behaviour at home	• Moderate level offending
	• Disruptive or challenging behaviour in the community	• Low level alcohol or substance misuse
	• Emerging antisocial behaviour	• Moderate level alcohol or substance misuse
	• Verbal abuse.	• Low level Criminal Exploitation
	• Damage to property	• Moderate level Criminal Exploitation
	• Fire setting or arson	• High level Criminal Exploitation
Any other issues or situations, past or present that we should be aware of:		

Please email the completed form to referrals@aimcommunity.org
 If you would like to discuss your referral, please call AIMCommunity 01202 548208

MONITORING INFORMATION

Sex (as described on Birth Certificate)		Male	Female
Gender (is the young person's Gender the same as they were registered at birth?)	Yes	No (if no, this can be left blank or enter the term used to describe gender)	Prefer not to answer
Ethnicity			
WHITE/WHITE BRITISH		MIXED/MULTIPLE ETHNIC GROUP	
• White English, Welsh, Scottish or Northern Irish		• White & Black Caribbean	
• Irish		• White & Black African	
• White European		• White & Asian	
• Any Other White Background		• Any Other Mixed or Multiple Ethnic Background	
Please describe if other		Please describe if other	
ASIAN/ASIAN BRITISH		BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH	
• Indian		• African	
• Pakistani		• Caribbean	
• Bangladeshi		• Any Other Black Background	
• Chinese		Please describe if other	
• Any Other Asian Background			
Please describe if other			
OTHER ETHNIC GROUP			
• Arab		Please describe if other	
• Any Other Ethnic Group			