

## Young Women and Girls Project

The purpose of the Young Women and Girls Project delivered by Oxfordshire Youth, is to provide a 6-12-month programme of support for young women and girls who have experienced or may be experiencing gang related violence or exploitation. The aim of the programme is to provide 1-1 support to reduce social isolation, involvement in criminal activity and behaviours and increase their wellbeing by engaging in appropriate activities.

In this programme the referred young person will meet and communicate weekly with the Young Women and Girls Project Coordinator through 1-1 activities and may be invited to group work sessions if appropriate.

If you are referring a young person into the programme, please complete all sections of the referral form below in as much detail as possible, failure to do so may cause delays. Following the referral, Oxfordshire Youth may need to contact you for more information in order to make a decision on a young person's suitability for the programme.

Once your referral has been submitted, you should expect acknowledgement of your referral within 48 hours.

Once you have completed this form please send securely, via egress switch, to: [ywagcherwell.referrals@oxfordshireyouth.org](mailto:ywagcherwell.referrals@oxfordshireyouth.org)

### Referral Form

<b>Date of Referral:</b>		<b>Is the young person aware of the referral:</b> (please highlight the correct box)	Yes, the young person is aware of the referral	No, the young person is not aware of the referral
<b>1. Referrer's Information</b>				
<b>Full name:</b>		<b>Job Title:</b>		
<b>Local Authority/ School/Organisation:</b>				
<b>Phone Number:</b>		<b>Email address:</b>		
<b>Are you the best person to contact about this referral:</b>	YES / NO			
IF YOU ARE <b><u>NOT</u></b> THE BEST PERSON TO CONTACT ABOUT THE REFERRAL, PLEASE FILL OUT THE INFORMATION BELOW. <u>OTHERWISE, PLEASE</u> MOVE ON TO SECTION 2.				
<b>Full name:</b>		<b>Job Title:</b>		
<b>Local Authority/ School/Organisation:</b>				
<b>Phone Number:</b>		<b>Email address:</b>		
<b>2. Young Person's Information</b>				
<b>First Name:</b>		<b>Surname:</b>		
<b>Any other name by which the young person is known:</b>		<b>Date of birth:</b>		
<b>Age at the time of referral:</b>		<b>Gender identity:</b>		
<b>Pronouns:</b>		<b>Ethnicity:</b>		
<b>Full address:</b>			<b>Post Code:</b>	
<b>Does the young person have any disabilities or health conditions that we should be aware of?</b>				
<b>Does the young person have any dietary requirements?</b>				
<b>Please give a brief description of the young person's family composition. Who do they live with, who has parental responsibility, has there been any significant</b>				

events e.g. house moves, separation, lose, trauma, illness.			
3. Emergency Contact Information			
Full name:		Relationship to young person:	
Phone Number:		Email address:	
4. Reason for Referral			
What are the referrers main concerns?			
Is there any harm to others or self that we should know about? (including any potential risk to staff)			
Is there any harm from others or self that we should know about? (including any potential risk to staff)			
Reason for referral: (Please include details of any criminal behaviour, gang involvement and/or experience of exploitation. Please include dates where possible)			
Is the young person open to the Youth Justice or Probation Service? (If yes, please provide any information that we would need to know)			
YOS/Probation Worker Name:		YOS/Probation Worker Contact Details:	
Is the young person open to social services? (If yes, please provide any information we may need to know)			
Social Worker Name:		Social Worker Contact Details:	
Is the young person engaged with any other services? (Please list any other services that the young person accesses e.g. CAHMS)			
To identify the best support, is there any other information that you feel we should know? e.g. family, drugs and alcohol, mental health issues, learning need			
5. Education, Employment and Training			
Is the young person considered NEET?	YES / NO		
What Education Provider does the young person attend?			
Is the young person on a reduced or part-time timetable? (If yes, please state how many days a week the young person attends school/college)			
Is the young person in another form of education, training or employment? (please provide details of what the young person does)			
6. Privacy and Data Protection			
In this form we will be asking for information about you and about the person you are referring. By completing this form you agree to us collecting and holding information about you.			
We are committed to protecting and respecting your privacy - by clicking <a href="#">here</a> you can see our young person friendly privacy notice that			

describes when and why we collect personal data about you and this young person, how the information is used, the conditions under which it may be disclosed to others and how it's kept secure and yours and their rights	
<b>Please confirm that you have read Oxfordshire Youth's privacy notice and agree to us collecting and holding information about you:</b>	YES / NO
<b>Please confirm that you have accessed Oxfordshire Youth young person friendly privacy notice to share with the young person you are referring:</b>	YES / NO