



**Shine Referral Form**

These guidelines are for professional or agency referrals to YMCA Shine Project. Please read these guidelines carefully before completing the attached referral forms.

Referrals

- Referrals can be made for any young person between the ages of 8 and 16 who is in need of low level support.
- Referrals can only be made with the young persons consent
- Due to demand and worker caseloads, we have to prioritise young people who are most in need of our service.
- To make a referral please complete the referral form and return it to:  
**Shine Project**  
**18-32 Station Square**  
**Lowestoft**  
**Suffolk**  
**NR32 1BA**  
**Or email it to us at shine@ymcatrinity.org.uk**

Once you have made your referral we will look at the information within the next team meeting and inform you of the outcome within 4 weeks of receiving your referral.

If the young person is successfully referred, a youth project worker will make contact with yourselves and the family. A meeting will be arranged for the youth project worker to do a needs assessment and personal development plan with the young person.

**Professionals Referral Form**

|   |   |
|---|---|
| <b>Young persons first name:</b>  | <b>Surname:</b>   |
| <b>Date of birth:</b>   | <b>Ethnicity:</b> <b>Religion:</b>                                  |
| <b>Country of birth:</b>  | <b>Male / Female (please circle)</b>                                |
| <b>Name of School/College attended:</b>   | <b>Name, address &amp; telephone no. of GP:</b>                     |
| <b>Health of the young person:<br/>(Very Good, Good, Fair, Poor,<br/>Very Poor)</b> | <b>Any known health needs / conditions of the young<br/>person:</b> |
| <b>Parent/Guardian Contact information</b>  |   |
| <b>Parents first name:</b>  | <b>Surname:</b>   |
| <b>Address:</b>   | <b>Home phone no:</b>   |
|   | <b>Mobile no:</b>   |
|   | <b>Email address:</b>   |
| <b>Postcode:</b>  |   |

**Required support from Shine (please circle all that apply):**

|                     |                           |
|---------------------|---------------------------|
| One to one support  | Homework Club             |
| Informal Learning   | School Enrichment         |
| Youth Club          | Social activities & trips |
| Positive engagement | Other (please specify)    |

**Reason for referral to Shine:**

**Needs identified:**

**Name of referrer:**

**Job title:**

**Address:**

**Telephone/email:**

**How long have you worked with the young person?**

**What has been your input so far?**

**Are there any other Agencies Involved? Please specify:**

**Is there a Common Assessment Framework (CAF) or Team Around The Child (TAC) in place?  
(If yes please give contact details of Lead Professional and date of next meeting if known)**

**Signature of referrer \_\_\_\_\_ Date \_\_\_\_\_**

## YMCA Shine Project Confidentiality Statement

"YMCA Trinity Group has clear policies and procedures regarding safeguarding and data protection. We treat personal information as very important and aim to ensure that all personal information is treated lawfully and ethically. All information will only be used to enhance the welfare of our service users. YMCA Trinity Group cannot promise confidentiality where there is clear evidence of serious risk to the young person or to the welfare of others."

**Please sign here to confirm you agree and would like someone from the Shine Project to get in touch with you:**

**Young Person** \_\_\_\_\_

**Name of parent/guardian** \_\_\_\_\_

**Signature of parent/guardian** \_\_\_\_\_

**Note to parent/guardian:**

**So that we can support your young person, it is important that we talk to other organisations who are also working with your family. This is so that we don't duplicate work but also helps us to understand their needs so that we can support them in the best way possible.**

**To complete a personal development plan with your young person we may go into School and meet with them. We will contact you once the plan is complete to let you know the outcome and what services we are able to offer.**

**Please sign here to confirm you agree and to give your permission for YMCA Shine Project to visit your child in School:**

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please send your fully completed form to:**

**YMCA Shine Project  
18-32 Station Square  
Lowestoft  
Suffolk  
NR32 1BA**

**Or email it to [shine@ymcatrinity.org.uk](mailto:shine@ymcatrinity.org.uk)**



YMCA enables people to develop their full potential in mind, body and spirit. Inspired by, and faithful to, our Christian values, we create supportive, inclusive and energising communities, where young people can truly belong, contribute and thrive.

SUPPORT & ADVICE

ACCOMMODATION

FAMILY WORK

HEALTH & WELLBEING

TRAINING & EDUCATION

