



Young Lewisham Project Referral Form

Confidential

This form is to be used for referring young people to the Young Lewisham Project. Please complete one form for each member of a group. The form is confidential and will not be discussed with other organizations.

Name of Young Person

School/Centre

Is there, to your knowledge, any history of the following behaviour by the young person (whether there are convictions or not)

- Violence
- Aggression
- Inappropriate sexual contact
- Sexual assault
- Abusive behaviour towards teachers/youth workers
- Alcohol Misuse
- Drug Misuse
- Bullying

Does this young person have a statement of special needs *Yes / No*

It is vital that we are informed if any of the above are brought to your notice once the young person is attending the Young Lewisham Project.

- Please note: referrals are accepted at our discretion dependent on the Young Persons' circumstances and availability of a place at the Project.

Name of Person Referring

SignedDate