



Office Reference:  
 Date Received:  
 Agreement Sent:  
 Agreement Received:

**STRICTLY CONFIDENTIAL**

**WHITE GOLD CORNWALL REFERRAL FORM**

Please return this form to: White Gold Cornwall Foundation, Unit 7D 15-16 Cardrew Way, Redruth, TR15 1SS  
 e-mail: [admin@whitegoldcornwall.co.uk](mailto:admin@whitegoldcornwall.co.uk) Telephone: **01209 219185 or 07450266078**

**Young Person Details**

Name of child/Young Person/Adult	Preferred pronouns	Date of Birth
Address		School Attended (if appropriate)
Name of Carer	Care Status	Contact number and email
Emergency contact <i>(please note, we need a minimum of 2 contacts on this form)</i>		

**Referrer Details**

Name	Agency
Address	Contact Number
Email	

**Details of Referral**

Reason for Referral	
Number of hours required each week	Number of weeks duration that support is required

**Please comment on each of the following, clearly identifying any risks or vulnerabilities. If no history of this issue please write 'No History'. This will enable us to match the most appropriate Engagement Worker.**

Physical health	
Mental health	
Safety in the community/out and about	
Substance misuse	
Physical violence	
Verbal abuse	
Sexualised behaviour	
Absconding (eg. taking flight)	
Offending	
Social media/gaming	
Extreme views	
Harm to self	
Interaction with others (peers/family/authority)	

Please forward your existing Risk Assessment if appropriate and any further details that may be relevant.

Funding agreed by:

Name:

Signature:

Date:

e-mail address:

**PLEASE NOTE:** following receipt of a signed referral we reserve the right to make an administration fee should the referral be withdrawn after consideration, attention and allocation of the same. The fee will be between £25 - £100 depending on the amount of time that has been allotted to the referral.