



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

**STRICTLY CONFIDENTIAL**

## WHITE GOLD CORNWALL REFERRAL FORM

Please return this form to: White Gold Cornwall Foundation, Penstruthal Office, Trevenson House, Pool, Redruth,  
TR15 3PT

e-mail: [adminteam@whitegoldcornwall.co.uk](mailto:adminteam@whitegoldcornwall.co.uk)

Telephone: **01209 219 185**

### Young Person Details

Legal name of child/Young Person/Adult:	Preferred Name:	Gender:
Preferred Pronouns:	Date of Birth:	School Attended <i>(if appropriate)</i> :
Child/ Young Persons Contact Number <i>(if applicable)</i> :	Child/ Young Persons Email Address <i>(if applicable)</i> :	
Address:		Care Status: <i>(i.e. looked after/ care orders/ adopted/ living with birth parents)</i>
Name of Carer:	Living Arrangements:	Contact number:  Email:
<b>Emergency contacts</b> <i>(please note, we need a minimum of 2 contacts on this form)</i>		
<u>Emergency Contact 1</u> Name: Relationship: Contact Number:	<u>Emergency Contact 2</u> Name: Relationship: Contact Number:	

### 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following receipt of a signed referral we reserve the right to make an administration fee should the referral be withdrawn after consideration, attention and allocation of the same.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.