**Box Champions**

**Referral Form**

**BASIC INFORMATION**

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| --- | --- | --- |
| **Referring agency:** |  | **Name and position of referrer:** |
| **Referrer email address:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Young person’s name:** |  | **Gender:** |  |
|  | **Ethnicity:** |  |
| **Date of birth** |  |  | **SEND?** |  |
| **Contact address** |  | **Psychiatric diagnosis?** |  |
|  | **Eligible for free school meals?** |  |
| **Name of school/college/employer/training provider:** |

|  |
| --- |
| **Any work already undertaken by referrer and other agencies? (ie CAMHS)** |

**REFERRAL INFORMATION**

*The following questions are designed to give us the information we need to help us much the young person to an appropriate mentor to give them the best chance of success in our programme.*

*This information will also be used to ensure coaches are equipped and aware of the needs of each young person.*

**Please tick/circle/highlight if any of the following issues are relevant to the young person’s mental health:**

* **Depression**
* **Anxiety**
* **Trauma**
* **Abuse**
* **Others (please specify)**

**Please tick/circle/highlight if any of the following behaviours are exhibited by the young person:**

* **Anti-social, criminal, or violent behaviour**
* **Drug use**
* **Self-harm**
* **Others (please specify)**

**Please tick/circle/highlight if the young person has been diagnosed with any of the following developmental disorders:**

* **Autism**
* **ADHD**
* **Dyslexia**
* **Others (please specify)**

**Please tick/circle/highlight all that apply:**

* **Is at risk of exclusion**
* **Has been excluded from school**
* **Is in a gang**
* **Involvement in knife crime**
* **Displays anti-social behaviour**
* **Has suffered abuse/early childhood trauma**
* **Other (Please specify)**

|  |
| --- |
| **Please provide more details about the root cause of trigger of the young person’s current situation If known (i.e. traumatic event or loss)** |

**Is the young person aware of the referral? YES NO**

**Does the young person require additional educational support? YES NO**

**What are the main outcomes you would like for the young person? (Please tick)**

|  |  |
| --- | --- |
| **Improved physical fitness** |  |
| **Improved school attendance** |  |
| **Employability/career support** |  |
| **Increased confidence** |  |
| **Improved anger management** |  |
| **Building a healthy support network** |  |
| **Increased resilience** |  |
| **Other:** |  |

**Please return this form to sanctusfitnessandboxing@gmail.com**