**15+ TRANSITION STEERING GROUP [TSG] Referral Form**

This document is an Early Referral Form for all LAC who are 15 ¾ yrs and will require a Personal Advisor on their 16th birthday and who may also require support from Adult Services when reaching 18 years of age & beyond.

**Date:**

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| --- | --- | --- | --- |
| **Name of client/s** | **Care First ID** | **DOB** | **AGE** |
|  |  |  |  |

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| --- | --- | --- |
| **Legal status**  *e.g LAC; S20 / S31 / Eligible; Relevant; Former Relevant; Qualifying* |  | |
| **Name of social worker / PA** |  | |
| **Name of Direct Supervisor** |  | |
| **Name of Team Manager** |  | |
| **Other teams involved** |  | |
| **CAMHS involvement (if any)** |  | |
| * **Does YP have an official diagnosis of any kind?** |  | |
| * **Does YP have a SEN Statement / NHC Plan? (**if ‘YES’ please specify**)** |  | |
| * **Social Workers summary of YP overall Mental Health / Emotional well being:** |  | |
| **Dates of Significant Meetings** : |  | |
| **Paperwork to be completed and evidenced prior to presenting case to TGS Panel - (**tick next to each document on checklist**)** |  |  |
| **Please specify if there are any contemporaneous Reports / Assessments that may be of significance, i.e.** (Psychological Assessment / Learning Difficulty Assessment) |  |  |
| * **Does YP have a Health Passport?** |  |  |

**Any additional comments / sharing of information**: