**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:**

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

|  |  |
| --- | --- |
| **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**: