|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Intervention Form for EHM/Protocol  **Session No:**  **…………….**  **Form C** | | | | | |
| Allocated Youth Support Worker to complete – Form to be uploaded to EHM/Protocol by YS Admin. | | | | | |
|  | |  | |  | |
| **Name of Youth Worker** | |  | | | |
| **Date of Intervention:** | | | **Time of Intervention:** | | |
| **Named Young Person** | |  | | | |
|  | |  | |  | |
| **Session Type** | | | | | |
| Youth Group  | | Offsite   Where: | | Family Home | |
| Online  | | One to One  | | Other (Please State): | |
| **Curriculum Areas  (Please tick at least one Box)** | | | | | |
| Arts  | Citizenship  | | | | Culture & Diversity  |
| Keeping Safe  | Sports, Adventure & Events  | | | | Well-Being  |
| Information & Guidance  | | | | | |
|  | |  | |  | |
| **Work completed/intervention information:**  (all YP to grade themselves 1-10 on the level of understanding on the work/support being delivered e.g. drug workshop)  On a scale of 0-10 (0 means where the YP has no understanding and 10 means the YP is confident and has a good understanding of the work/support to be delivered).  🡸 0 1 2 3 4 5 6 7 8 9 10 🡺 | | | | | |
| **Outcome/What did the young person learn/gain from the intervention:** | | | | | |
| **Plans for next session –** | | | | | |
| * **If you have any concerns about a young person’s safety or have been informed of any significant incidents that may place the young person or any other people at risk of harm you MUST inform your Neighbourhood Youth Officer immediately.** * **If the young person is in immediate risk of harm, please follow Safe Guarding Procedures.** | | | | | |