

Motiv8 Request for Support Form



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Date of Referral		Date Received (office use only)	
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Details of young person

Surname		First Name(s)	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender

Address:		Living Situation	
		Parent / Carer Name	
		Relationship	
Postcode			

Telephone Number/s	Home:	School / College / Training Provider	
	Mobile:		

Does the young person/family agree to the request for support?	Yes		No	
Has the young person/family given permission to share this information?	Yes		No	
Has a Early Help or other Assessment been completed?	Yes		No	
Has a copy of an Assessment been attached? (please ensure it is if you have a copy)	Yes		No	

Ethnic origin (please tick box)

White British	White Irish	Any other white background
White and Black Caribbean	White and Black African	White and Asian
Any other mixed background	Asian - Indian	Asian - Pakistani
Asian - Bangladeshi	Any other Asian background	Caribbean
African	Any other black background	Chinese
Any other ethnic group	Not stated	

Main language (please tick box)

Bengali	Cantonese	English	Gujerati	Hindi	Punjabi
Urdu	Vietnamese	Other	Please specify:		

Religion (please tick box)

Buddhist	Christian	Hindu	Jewish	Muslim	Rastafarian
Sikh	None	Not stated	Other	Please specify:	

Details of members of household (please give as much information as possible)

Title	Surname	First name(s)	Date of birth	Relationship to client

Details of agency requesting support (please provide name, address, telephone number and email)

Name		Agency	
Job Title		Relationship to client	
Address		Telephone	
		Fax	
		Email	
Postcode			

Please outline the reason for this request for support, and specify how you feel Motiv8 support would benefit the individual.

Name of other agencies involved (if known)		
Name of agency	Contact name	Telephone number

Presenting Needs/Vulnerabilities (Please tick a max of <u>3 primary needs/vulnerabilities</u> , please tick as many boxes as appropriate for secondary needs/vulnerabilities)		Primary Needs	Secondary Needs
1. Education & Learning	E.g. persistently absent from School, at risk of exclusion, at risk NEET (not in Education, Employment or Training) poor attainment, developmental delay.		
2. Boundaries & Behaviour	E.g. Offending, involved or at risk of involvement in anti-social behaviour. Does not understand consequence of actions, acts impulsively, poor temper control.		
3. Being Safe	E.g. Living with or experience of Domestic Violence or Abuse, putting themselves in risky situations, lack of appropriate supervision, victims of/at risk of exploitation, physical, sexual or emotional abuse.		
4. Physical Health	E.g. health condition that significantly affects every day functioning, physical immaturity or delayed development, health put at risk through behaviour, not registered with GP.		
5. Emotional Health & Wellbeing	E.g. problems coming to terms with significant past events, low confidence & self-esteem, poor mental health e.g. anxiety and depression, any suicide attempt or instances of self-harm.		
6. Family & Environment	E.g. Chaotic home situation, poor parenting capacity, additional parent/carer needs .e.g. mental or physical health, substance misuse, risk of family being evicted, living in poverty		
7. Substance Misuse	E.g. Use of alcohol/tobacco/solvents/drugs, substance use which has a detrimental effect.		
8. Social Networks	E.g. Socially isolated, lack of time spent with peers or positive peer groups, mixing with others who are having a negative influence, no one around them speaks their first language.		
9. Progress to work	E.g. NEET, long term unemployed, unclear of future options, barriers to employment, in receipt/reliance on out of work benefits.		
10. Other (Please state)			

Provide evidence to support items ticked above and any relevant additional information (please use additional sheet if necessary or provide previous assessments)

Motiv8 Traded Services

(If support is being purchased via Motiv8's Traded Services please provide customer details below)

*Please note in providing the details below you are agreeing to purchase support.

Organisation/Customer Name:

Signed:

Print Name:

Date:

Position:

Please return completed form to:

Email: info@motiv8south.org.uk

Post: Admin, Motiv8, 6 Queen Street, Portsmouth, PO1 3HL

Tel : 023 9283 2727

Fax : 023 9217 8486