

Summer Playscheme

2022

Name of child			
Address	POST CODE:		
Date of Birth		Parent/Guardian name	
Contact Number		Email address	
Any Additional Support Needs			
Referrer's Name		Relationship to child	
Contact number		Email address	
Referrer Agency name and address			
Reason for referral to PlayScheme			
<p>Participants must match <u>at least 2</u> of the following criteria. Please tick all that apply:</p>			
<p><input type="checkbox"/> In receipt of free school meals</p> <p><input type="checkbox"/> In receipt of benefits</p> <p><input type="checkbox"/> Involved with/ in receipt of support from a Family Agency/Social Work or Children's Agency</p> <p><input type="checkbox"/> Living with a lone parent</p>			
Named Person aware of referral Y/N		Has child/parent been advised that information will be shared Y/N	
Has parent/carer given consent for information to be		Has child given consent for information to be shared with other agencies Y/N	

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If decision to share information without consent made, please tick and provide details			
Summarise your current concern/s including the child/young person, parent/carer views. Specify any other relevant contextual factors relating to the family which are not provided elsewhere (<i>any Single Agency or Integrated Assessments / Plans / Chronologies should be attached</i>)			
Please note any supports the child already has in place		Please list any agencies known to be involved with this child	
What are the desired outcome/s for this child/young person of this request for assistance and what do you see as the next steps to achieve long term outcomes?			
Named Person including contact details		Lead Professional including contact details	

Please return the completed form to: paul@ymcaedinburgh.com