

Targeted Youth Support

NOMINATION FORM

Details of Young Person

First Name(s)
Surname
DOB Male Female
First Language
Ethnicity

Address
.....
..... Post Code
Tel No
Mobile

Nominator

Name
Organisation & Address
.....
..... Post Code
Telephone No

Main Parent/Carer

Name
Relationship
DOB Ethnicity
Address (if different)
.....

Siblings

Name
DOB Male Female

Name
DOB Male Female

Name
DOB Male Female

Name
DOB Male Female

Significant Other

Name
Relationship
DOB Ethnicity
Address (if different)
.....

Suitable for home visits

Yes No

If no, why not
.....
.....

Common Assessment Framework

Has a CAF been completed? Yes No

If yes, please attach a copy of the CAF. **If no**, please complete a pre-CAF/CAF as required or if CAF is refused please ensure relevant individuals sign below to confirm that the CAF has been refused.

Nominator Parent/Carer Young Person

Has another nationally recognised assessment been completed? Yes No

Details of Education

School/College/Training Provided.....

Address

Telephone No Contact Name

Is the YP attending full time ? Yes No Is the YP receiving additional support? Yes No

Does the YP have a Statement of Educational Needs ? Yes No

Educational concerns, ie behavioural difficulties, attendances, etc

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Involvement of Other Agencies

Do you know of any other agencies involved with the YP or their family ? Yes No

If yes, please give details

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.....

Crime/Anti Social Behaviour

Has the YP come to the attention of the Police or Anti Social Behaviour Unit ? Yes No Don't Know

Entered the Criminal Justice System ? Yes No Don't Know

Any Other Relevant Information

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Reason(s) for Nomination

Please tick all that apply:

Not in Education / Training / Employment Crime / At risk of Crime

Substance Misuse At risk of Teenage Pregnancy

Any Other Relevant Information

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Consent of Young Person and Parent/Carer

We consent to the nomination being made to the YDSS and NACRO and agree that we will support and be part of the agreed plan, as necessary.

We also agree that information held by member agencies of the TYS Panel and obtained through the nomination and assessment process, relating to the nominated young person and their family may be shared with relevant agencies or organisations for the purpose of developing and implementing a Personal Plan. Information may be shared with outside agencies for the purpose of evaluating the effectiveness of TYS both locally and nationally. The sharing of sensitive information will be carried out in accordance with the terms and procedures of the YDSS and NACRO information sharing protocol and with the registration with the office of the Information Sharing Commissioner.

We understand that this information will be stored either electronically or in manual records indefinitely by the YDSS, NACRO and other relevant TYS partners for case management purposes and to monitor and evaluate the success of the services. The YDSS and NACRO will keep the information updated and notify all recipients of any changes to ensure corrections are made.

Signed Nominator Date

Signed Parent/Carer Date

Signed Young Person Date

Please return all completed forms to your respective Neighbourhood Hub:

**TYS Practice Manager - YDSS — The Base
Green Lane, Carleton, PONTEFRACT WF8 3NW**

Telephone No: 01977 722815

**TYS Co-ordinator - YDSS – City Limits
Thornhill Street, WAKEFIELD, WF1 1NL**

Telephone No: 01924 303600

**TYS Co-ordinator - YDSS – Platform 1
Wakefield Road, HEMSWORTH, Pontefract, WF9 4AB**

Telephone No: 01977 723165

DATA PROTECTION 1998

**TYS (Part of YDSS) deals with personal data under
the Data Protection Act 1998.**