|  |  |  |
| --- | --- | --- |
| *Referral Form 2020* |  |  |
| Name of referrer: |  |  |
| Name of organisation: |  |  |
| Phone number/ email address: |  |  |
| How did you hear about the Cairn Service? |  |  |
| Date of referral: |  |  |
| Name of young person: |  |  |
| Date of birth: |  |  |
| Young person phone number: |  |  |
| Young person’s address: |  |  |

|  |  |
| --- | --- |
| One to one support...................  Court (preparation) support......  Other (Please specify)................  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Police interview support......................  3rd Party Reporting...............................  Support at relevant appointments........ |

**Please place an X in any of the below options that you feel the referred young person would benefit from:**

6VT – Edinburgh City Youth Cafes Association is a company limited by guarantee. Registered in Scotland No: SC289110 Charity Ref: SCO22146

*11 – 15 Vennel Edinburgh EH1 2HU 0131 229 1797* [*www.6vt.info*](http://www.6vt.info) *@6vtyouthcafe*

*Please return this form to the Cairn team via:* [*cairnteam@6vt.info*](mailto:cairnteam@6vt.info)

**Please confirm that the young person has been made aware that you have made this referral**

**Yes No**

**Please outline areas of support the referred young person would benefit from:**