



City-wide Street based and Outreach Programme

Youth Work (Street Based) Request Form

Agency Details	
Date of request	<input type="text"/>
Name	<input type="text"/>
Job Title and Agency	<input type="text"/>
Contact No.	<input type="text"/>
Email	<input type="text"/>

Request Details
Location of proposed intervention (as much detail as needed to pin point the location accurately)
<input type="text"/>
<input type="text"/>
Postcode <input type="text"/>
What times/days are the group known to be at this location?
<input type="text"/>

Keeping Young People Safe/Developing Community Cohesion	
Cause for concern and vulnerabilities / Issues perceived	
Anti -social behaviour <input type="checkbox"/>	Alcohol misuse <input type="checkbox"/> Substance Misuse <input type="checkbox"/>
CSE <input type="checkbox"/> Homelessness <input type="checkbox"/>	Risky behaviour or location <input type="checkbox"/>
Radicalisation Concerns <input type="checkbox"/>	Sexual behaviour (risk) <input type="checkbox"/> Not in Education <input type="checkbox"/>
Hate Crime <input type="checkbox"/> Other	<input type="text"/>
Please give more details:	
<input type="text"/>	
Are the Police/Neighbourhood Nuisance Team aware?	YES/NO
Is this issue an Area Tasking priority?	YES/NO

Group Details	
Average number of young people in the group	<input type="text"/>
Gender split	<input type="text"/> / <input type="text"/>
Age range	<input type="text"/>
Are you aware of any risks to staff?	<input type="text"/>

What are the outcomes/solution would like to see from the Youth Work Intervention?
<input type="text"/>
What work has already been done?
<input type="text"/>
What are you able to support with?
<input type="text"/>
<p>If you require any support to complete this form or would like to discuss your needs, please contact the co-ordinators;</p> <p>Laura on 07716312655 or email reachout@wearecornerhouse.org</p> <p>Emma on 07719688436 or email emmaclark.reachout@thewarren.org (Please copy both in)</p>

OFFICE USE ONLY (TO BE COMPLETED BY TEAM COORDINATOR)

Date Referral received.....

Date allocated.....

Allocated to (Lead worker).....

First report/feedback expected on.....