

London Borough of Tower Hamlets
Positive Activities for Young People (PAYP)
2015-16

Referral Form - for youth practitioners only

Positive Activities for Young People (PAYP) Programme

PAYP supports young people aged 8 - 19 up to 25 with special educational needs and learning difficulties (with priority given to 13 - 19 year olds) by offering a range of activities during school holidays. By engaging them in positive activities, the programme encourages young people to engage with their community and make valuable use of their free time during holiday periods. The programme has close links with the council's Youth Offending Team, Behaviour Improvement Programme (BIP), Careers service, schools and other agencies. PAYP also aims to support the achievement of the outcomes aligned to the Help Children Achieve More (HCAM) agenda.

PAYP target groups

The Summer programme is aimed primarily at young people who fall into at least one of the target groups listed below. If you wish to refer a young person to the programme, please complete the referral form at the back of this brochure, making sure that the young person falls into one of these target groups. You can also contact the Community Engagement Officer and Keyworker for a referral form.

- Social Services
- Permanent exclusion previous custodial sentence
- Child Protection Register
- Social Services involvement of siblings
- Fixed-term exclusion
- Engaged in YOT
- Subject to care order
- Care leaver
- Non-attender
- Received Youth Offending Team (YOT) disposal
- Involved in negative peer group
- Young carer
- Truant two-three days a month
- Known offender (in the Youth Justice System)

- Statement of SEN
- Teenage parent
- Remand LEA
- Arrested in the last 12 months
- Learning difficulties
- Nuisance in the area
- Voluntary parental agreement
- Convicted in the last 12 months
- Previous convictions
- Early leaver
- Sibling offending
- Asylum seeker
- Nuisance/antisocial behaviour
- Refugee
- Substance use
- Other referral
- NEET (not in education, employment or training)

While the PAYP programme primarily targets young people who fall within these categories, a limited number of spaces are available for young people who just want to take part in activities during Summer. If you're unsure about a referral, please contact the Key Worker Team by:

Phone: 020 7364 6133/1401

Email: martha.barden@towerhamlets.gov.uk

Referrer Please complete all sections to assist us with processing this referral.

Is this young person aware of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of referrer:	
Organisation:	
Address:	
Telephone (work):	Telephone (mobile):
Email:	

Please state any concerns and/or any barriers the young person has to learning (please include any background information you feel would help with this referral):

Please state the young person's interests:

Referrer's recommendations for action (please include any details that may assist in allocating the young person with activities, interests, special needs):

Signature:	Date:
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Registration Form - for youth practitioners only

Personal Details

Please provide us with the **young person's** contact information.

Last name:	First name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:
Do they have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Withheld If yes, please provide details:	
Address:	
	Postcode:
Telephone (home):	Telephone (mobile):
Email:	

Emergency Contact

Please provide us with the name of someone who can be contacted in the event of an emergency.

Name:	Relationship to young person:
Address (if different from the address above):	
	Postcode:
Telephone (home):	Telephone (mobile):

Consent/Conditions

Please ask the young person to read the following and sign below
(parental, guardian, carer consent is required if they are under 16).

- I give consent for any multimedia information (eg photos/videos) to be used for publicity purposes or in printed publications produced by the London Borough of Tower Hamlets.
- I give permission for the London Borough of Tower Hamlets to collect and store personal data about me and the activities that I participate in, in both manual and electronic filing systems for monitoring purposes. I understand that the data will be held in line with the Data Protection Act 1988.
- I give permission for the named young person to participate in the Positive Activities for Young People programme.

Signature:	Date:
Relationship to Young person:	

Diversity Monitoring

Which group best describes the young person's ethnic origin:

Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Somalian <input type="checkbox"/> Other African Background	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Other White Background	Mixed or Dual Heritage <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Other Mixed Background	Asian or Asian British <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Background	Other <input type="checkbox"/> Any other Ethnic Origin <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Information not Obtained
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Are they a refugee or are they currently seeking asylum? Refugee Asylum seeker

Does the young person have a disability? Yes No Prefer not to say

NEET If the young person is currently not in employment, education or training, are they classified as:

Looking for a job (available to labour market)
 Unemployed and not looking for a job (not available to labour market)
 Has moved out of the area
 No longer in cohort
 Having a learning difficulty or disability
 Other NEET

EET If the young person is currently in employment, education or training, are they classified as:

Attending school or college
 In government supported training (eg modern apprenticeship)
 In full time employment
 In other education
 In other employment
 Other EET

If they are in school/college, please state which one:

Risk Factors Please indicate if any of the following situations apply to the young person:

<input type="checkbox"/> Asylum seeker <input type="checkbox"/> Engaged with Youth Offending Team (YOT) <input type="checkbox"/> Convicted in last 12 months <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Not registered in school <input type="checkbox"/> Previous custodial sentence <input type="checkbox"/> Statement of SEN (Special Educational Needs) <input type="checkbox"/> Truant/risk of truancy	<input type="checkbox"/> Care leaver <input type="checkbox"/> Excluded/risk of being excluded <input type="checkbox"/> In care <input type="checkbox"/> Nuisance/antisocial behaviour <input type="checkbox"/> Child Protection Register <input type="checkbox"/> Substance abuse/risk of being user <input type="checkbox"/> Received YOT disposal <input type="checkbox"/> Young carer	<input type="checkbox"/> Living in nuisance PAYP area <input type="checkbox"/> Involved in negative peer group <input type="checkbox"/> Arrested in last 12 months <input type="checkbox"/> Non attendance/early leaver <input type="checkbox"/> Previous convictions <input type="checkbox"/> Siblings/family offending behaviour <input type="checkbox"/> Teenage parent
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Referral Source Please indicate who is referring the young person:

<input type="checkbox"/> Self-referral <input type="checkbox"/> Connexions Key Worker <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Police <input type="checkbox"/> BIP/BEST Teams	<input type="checkbox"/> Careers <input type="checkbox"/> Drug and Alcohol Team (DAAT) <input type="checkbox"/> LEA <input type="checkbox"/> Probation Service <input type="checkbox"/> Social Services <input type="checkbox"/> Children's Fund	<input type="checkbox"/> Leaving Care Team <input type="checkbox"/> Education Welfare Officer (EWO) <input type="checkbox"/> Schools eg your school <input type="checkbox"/> YIP/YISP (Youth Offending Team) <input type="checkbox"/> Youth Service (eg a youth club)
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Other referral source (please specify)