PAUL LAVERY SUPPORT

www.paullaverysupport.co.uk

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REACHOUT FARM REQUEST FORM

Date form completed	
Type of Request	Support & Mentoring at the farm

SUPPORT PACKAGE REQUIRED

Purpose of Support	**Please indicate below which area the support required falls into -**
Re-integration back into school	
PX or EOS package	
Other, please specify	
Reason for referral including specific concerns	
Previous history - key events	
Case status (sen / cin / cp / cla)	

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Please provide a detailed breakdown of request / what interventions are required and with whom. **e.g., routines / boundaries / managing risk taking behaviours**	
How many sessions per week are being requested? **(Yp collected at 10am and returned home at 3pm, we ask that a minimum of 1 term is commissioned please)**	
What are the desired outcomes?	
What are the key strengths of the young person?	
What are the key needs of the young person?	
Outline any key risk factors in the school / placement. **e.g., substance misuse / domestic abuse / missing episodes / self-harm**	

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Other agencies involved with the young person / family	
Write a profile of the young person as you would describe them to a support worker	
Additional requests - please provide details **e.g., attendance at meetings (this will incur the same hourly rate charge as the support) If court reports are required this will be charged at 1 hour per session**	
Is transport required for the support? (45p per mile is charged) **(additional charges may apply if the young person lives outside of Hertfordshire)**	

Household Members

Relationship	**Name**

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Is the young person aware of the referral? **Does the young person agree to mentoring and support in a farm environment?** **Does the young person have an interest in animals and nature?**	
Is the family / carer aware of the referral?	

DETAILS OF THE YOUNG PERSON

Full Name		**Date of Birth**	
Address		**Language if not English**	
Parent / Carer's Name and contact details		**Please indicate here if the young person is non - verbal**	
Known medical information (including any medication that must be taken during sessions)		**LCS / PO number (if appropriate)**	

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REFERRING PROFESSIONAL / TEAM

Name of referring professional (with Title)		**Head / Manager Name**	
Email		**Email**	
Phone number		**Phone number**	
Name of finance team or team member		**Email address of finance team**	

DETAILS OF THE SCHOOL OR PROVISION

School / provision Name		**School / provision number and named contact**	
School / provision Address		**School / provision email addresses for report writing and communications**	

TO BE COMPLETED BY MENTOR

(This is to confirm that all the above information has been read and understood and the named mentor is confident they can meet the young person's needs. Mentor is also to arrange and confirm start date with the farm team and feed this back to referring professionals and parent/guardians)

Mentor Name		**Date read by Mentor**
Mentor Signature		

We aim to process the above information within 3 working days and you will be contacted to discuss whether we can meet the needs of the young person and next steps.

Please note: We require 14 days notice for the cancellation of all packages.