

**WDH**

**Branching Out Nomination Form**

**Young Person’s Details**



School/College:

School Attendance%:

**Parent/Carer Details (if different from above)**

Please indicate the preferred size - S M L XL

If your nomination is successful the young person will receive a T-Shirt/ Jumper

First Name(s):

Country of Birth:

Gender:

School Year:

First Language:

Ethnicity:

Email Address:

Date of Birth:

Contact Number:

 Postcode:

Address:

Surname:

**Nominator Details**

Organisation:

Full Name:

Contact Number:

Email Address:

Has the Young person been informed about the Branching Out programme?

Email Address:

Contact Number:

 Postcode:

Address:

Full Name:

Other agencies currently working with the young person/family:

**Please indicate if any of the below are relevant to the applicant. (Click on box to X it)**

1. Family already known to be involved in serious violent crime [ ]
2. Young person has been involved in numerous low level offences (drugs/ASB) [ ]
3. Risk of being involved in serious crime/knife crime/violence [ ]
4. Excluded from education [ ]

5. Educated in PRU [ ]

1. On a school partial timetable [ ]

7. Subject to an ABC with the ASBU [ ]

8. Known to the police [ ]

9. Involved with Youth Offending Team or Liaison and Diversion [ ]

10. At risk of Child Sexual/Criminal Exploitation [ ]

1. Regular instances of going missing [ ]
2. Has an allocated Social Worker [ ]
3. Open case with Children First Hub [ ]
4. LAC (Looked after child) [ ]
5. Special Educational Needs and/or Disabilities [ ]
6. Has witnessed Domestic Abuse or has been involved [ ]
7. Lives in an area where there are high instances of youth nuisance/asb [ ]
8. Risk of disengaging with education or not in education, employment or training [ ]

Name of Young Person:

Signature: Verbal consent Date:

Name of Parent/Carer:

Signature: Verbal consent Date:

Photo Consent

Parent /Carer Name:

Signature: Date: Click here to enter a date.

What are your expectations of this nomination?

Reason for Nomination: *\*if needed please attach any extra sheets to support the nomination\**

**Please return completed nomination forms to the Youth Work Team via email to youthwork@wakefield.gov.uk or by post to Crofton Young People’s Centre, High Street, Crofton, Wakefield, WF4 1NF Tel: 01924 302665**

**The Nomination**