

**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**