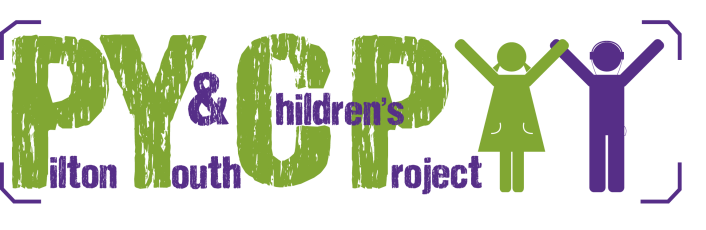
**1:1 Support Service**

**Pilton Youth and Children’s Project**

**The Greenhouse, 1A West Pilton Place**

**EH4 4DG 0131 332 9815**



|  |  |
| --- | --- |
| **Date of Referral:** | |
| **Name of young person:** | **Date of birth:** |
| **Address:** | **Parent/carer contact details:** |
| **Referrer details:** | **School:**  **Guidance/ class teacher:**  **Contact number:** |
| **Detail any other services involved/or that have been involved as well as their role:** | **Has the young person and family agreed to the support?**  **Young person’s agreement (please tick)**  **Parent/ carer permission if under 16 (please tick)** |
| **What is going well for the young person? What are their strengths?** | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please outline the key issues that are affecting the young person using the SHANARRI wellbeing indicators (please tick those applicable and give additional information) :**   |  |  | | --- | --- | | **Indicator** | **Additional Info.** | | **SAFE** |  | | **HEALTHY** |  | | **ACHIEVING** |  | | **NURTURED** |  | | **ACTIVE** |  | | **RESPECTED** |  | | **RESPONSIBLE** |  | | **INCLUDED** |  | |

|  |
| --- |
| **Please outline the desired outcomes for the support work:** |
| **Any additional information:** |
| **Supporting documents attached:**  **Child Planning**  **Assessment of Need**  **Other Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |