

# INNOVATE DORSET LTD— PAPER REFERRAL

This referral is a paper copy. Once you have completed it and either emailed, faxed or posted back to the Innovate Dorset office, a member of our Administration Team will make contact to complete and gain future information you have given in this form.

**IDP and Ethnicity**....please the corresponding number of the desired outcome and ethnicity.

**PLEASE RETURN TO: OFFICE@INNOVATEDORSET.CO.UK  
UNIT B12 ARENA BUSINESS CENTRE 9 NIMROD WAY FERNDOWN DORSET BH21 7UH**



## INDIVIDUAL DEVELOPMENT PLAN REFERENCE

1. Young Person to relate to action/consequence.
2. Young Person to learn, practice or demonstrate more independent living skills and be less reliant on others.
3. Young Person to practice their Refine Motor Skills.
4. To re-engage with their Education.
5. To re-engage with their Training or Workplace.
6. To engage with Further Education.
7. Develop self-confidence - Young Person feels he/she cannot achieve anything outside his/her comfort zone
8. Develop the confidence
9. Encourage Young Person to problem solve.
10. Young Person to manage personal care without prompts to an acceptable sociable level.
11. Young Person to improve social skills in public.
12. Explore and develop social skills and social awareness.
13. Young Person to be able to identify when anger and anxiety levels are rising and create the necessary coping strategies needs to reduce levels.
14. Young Person to be able to communicate more effectively when talking by quietly speaking or asking.
15. Address the risk of self-harm/suicide attempt prevention with Young Person.
16. Young Person to learn strategies to help prevent anti-social habits.
17. Address the risk of physical outbursts with a weapon.
18. Young Person to make an informed choice about whether to take prescribed medication.
19. Young Person to take part in Physical Activity.
20. Young Person to Explore and develop Healthy eating choices.

## ETHNICITY REFERENCE

- |                                |                                 |  |
|--------------------------------|---------------------------------|--|
| 1. WHITE,                      | 10. ASIAN BRITISH,              | 19. ANY OTHER BLACK BACKGROUND,                        |
| 2. IRISH,                      | 11. INDIAN,                     | 20. MIXED,   |
| 3. WHITE AND BLACK CARIBBEAN,  | 12. PAKISTANI,                  | 21. ANY OTHER MIXED BACKGROUND,                        |
| 4. WHITE AND BLACK AFRICAN,    | 13. BANGLADESHI,                | 22. THE PERSON DID NOT UNDERSTAND<br>WHAT IS REQUIRED, |
| 5. WHITE AND ASIAN,            | 14. ANY OTHER ASIAN BACKGROUND, | 23. THE PERSON DECLINED TO DEFINE<br>THEIR ETHNICITY.  |
| 6. ANY OTHER ETHNIC GROUP,     | 15. BLACK,                      |  |
| 7. ANY OTHER WHITE BACKGROUND, | 16. BLACK BRITISH,              |  |
| 8. ASIAN,                      | 17. CARIBBEAN,                  |  |
| 9. CHINESE,                    | 18. AFRICAN,                    |  |

## YOUNG PERSON

NAME:  ADDRESS:  POST CODE:   
D.O.B.:  AGE:  LIVING WITH:   
SMOKER?: Y  N  SEXUALLY ACTIVE?: Y  N  SEXUALLY ABUSED?: Y  N  DRUG USER?: Y  N   
ETHNICITY NO.:

## INDIVIDUAL DEVELOPMENT PLAN

OBJECTIVES & OUTCOMES 1:  OBJECTIVES & OUTCOMES 2:  OBJECTIVES & OUTCOMES 3:

## REFERRING AGENCY

ORGANISATION NAME:  ORGANISATIONS ADDRESS:   
CONTACT NAME:  CONTACT'S ROLE:  CONTACT'S PHONE:   
CONTACT'S EMAIL: @ REPORTS SENT TO: @

## REFERREL DETAILS

IS THE YOUNG PERSON ON ROLE IN EDUCATION: Y  N

IS THERE AN EDUCATIONAL HEALTH CARE PLAN FOR THE YOUNG PERSON: Y  N

HAS THE YOUNG PERSON GOT A RECORD OF ABSCONDING: Y  N  RISK LEVEL: 1  2  3  4  5

HAS THE YOUNG PERSON GOT A LEARNING DISABILITY: Y  N  DETAIL:

DOES THE YOUNG PERSON HAVE A MEDICAL DIAGNOSES: Y  N  DETAIL:

DOES THE YOUNG PERSON TAKE MEDICATION: Y  N  DETAIL:

HAS THE YOUNG PERSON GOT A CRIMINAL RECORD: Y  N  RISK LEVEL: 1  2  3  4  5

HAS THE YOUNG PERSON GOT A RECORD OF KNIFE CRIME: Y  N  RISK LEVEL: 1  2  3  4  5

HAS THE YOUNG PERSON GOT A RECORD OF BEING VERBALLY AGGRESSIVE: Y  N  RISK LEVEL: 1  2  3  4  5

HAS THE YOUNG PERSON GOT A RECORD OF BEING VIOLENT BEHAVIOUR: Y  N  RISK LEVEL: 1  2  3  4  5

HAS THE YOUNG PERSON GOT A RECORD OF AGGRESSIVE BEHAVIOUR: Y  N  RISK LEVEL: 1  2  3  4  5

HAS THE YOUNG PERSON GOT A RECORD OF SEXUALISED BEHAVIOUR: Y  N  RISK LEVEL: 1  2  3  4  5

IS CONTACT WITH MOTHER ALLOWED: Y  N  NAME:

IS CONTACT WITH FATHER ALLOWED: Y  N  NAME:

IS CONTACT WITH SIBLINGS ALLOWED: Y  N

KNOWN AREAS YOUNG PERSON SHOULD AVOID: Y  N  DETAIL:

KNOWN PERSONS YOUNG PERSON SHOULD AVOID: Y  N  DETAIL:

ARE THERE OTHER SERVICES INVOLVED WITH THIS YOUNG PERSON: Y  N

ANY ADDITIONAL INFORMATION: