



Youth Endowment Fund

Branching Out Nomination Form

Young Person's Details

First Name(s):	
Surname:	
Address:	
	Postcode:

Date of Birth: Click here to enter a date.	Contact Number:
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Email Address:

Ethnicity:	First Language:
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Country of Birth:	School Year:	Gender:
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School/College:	School Attendance%:
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If your nomination is successful the young person will receive a T-Shirt/ Jumper

Please indicate the preferred size - S M L XL

Parent/Carer Details (if different from above)

Full Name:	
Address:	
	Postcode:

Contact Number:	
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Email Address:	
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Nominator Details

Full Name:	
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Organisation:	
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Contact Number:	
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Email Address:	
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Has the Young person been informed about the Branching Out programme?	Yes/No
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The Nomination

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

Other agencies currently working with the young person/family:

What are your expectations of this nomination?

Please indicate if any of the below are relevant to the applicant.

(Click on box to X it)

- | | |
|--|--------------------------|
| 1. Family already involved in serious violent crime | <input type="checkbox"/> |
| 2. Young person has been involved in numerous low level offences (drugs/ASB) | <input type="checkbox"/> |
| 3. Risk of being involved in serious crime/knife crime/violence | <input type="checkbox"/> |
| 4. Not in education or not in education, employment or training or at risk | <input type="checkbox"/> |
| 5. Excluded from education | <input type="checkbox"/> |
| 6. Educated in PRU | <input type="checkbox"/> |
| 7. On a school partial timetable | <input type="checkbox"/> |
| 8. Subject to an ABC with the ASBU | <input type="checkbox"/> |
| 9. Known to the police | <input type="checkbox"/> |
| 10. Involved with Youth Offending Team or Liaison and Diversion | <input type="checkbox"/> |
| 11. At risk of Child Sexual/Criminal Exploitation | <input type="checkbox"/> |
| 12. Regular instances of going missing | <input type="checkbox"/> |
| 13. Has an allocated Social Worker | <input type="checkbox"/> |
| 14. Open case with Children First Hub | <input type="checkbox"/> |
| 15. LAC (Looked after child) | <input type="checkbox"/> |
| 16. Special Educational Needs and/or Disabilities | <input type="checkbox"/> |
| 17. Has witnessed Domestic Abuse or been involved | <input type="checkbox"/> |
| 18. Lives in an area where there are high instances of youth nuisance/asb | <input type="checkbox"/> |
| 19. Risk of disengaging with education or not in education, employment or training | <input type="checkbox"/> |

Name of Young Person:

Signature:

Date: [Click here to enter a date.](#)

Name of Parent/Carer:

Signature:

Date: [Click here to enter a date.](#)

Photo Consent

Parent /Carer Name:

Signature:

Date: [Click here to enter a date.](#)

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