

The New Tavistock Youth Café

Unit 6, Pixon Court

Crelake Industrial Est,

Tavistock

PL19 9AZ

**1-1 Referral**

Young Person’s Name………………………………………………………… D.O.B……………………………

Young Person’s mobile:..........................................

Young Person’s email:...................................................................................................

Address

|  |
| --- |

Parent/Carers Name…….…………………………………………

Contact email/mob…………………………………………………

Are you in full time education/reduced timetable/home educated/other?......................................

If in college, which college do you attend?........................................................................................

Please give us some information about the need for support, this can be as long or short as you like but a bit of information will help us to understand what we can do to help 😊

| *Use a separate sheet if necessary*  |
| --- |

Todays date…………………..

I will be in touch with you soon,

Best Wishes,

*Vicki - Tavistock Youth Café Manager*