



Macmillan and Levi's Star
Children and Young People's Brain Tumour Outreach Service

REFERRAL FORM (19-25 year olds)

PERSONAL PROFILE	
Name:	Male or Female:
Date of Birth:	Age:
Home Address:	
Contact Tel No:	Email Address:
REFERRER	
Name of Referrer:	Designation:
Address:	
Contact Telephone Number:	Email Address:
Date of Referral:	Signed:
MORE ABOUT THE YOUNG PERSON	
Type of Brain Tumour:	
Date of Diagnosis/Duration of Treatment:	
Name of Consultant:	
Name of Social Worker:	
Is the young person in full or part time education:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school/college/university currently attending:	

MORE ABOUT THE YOUNG PERSON (cont ...)

Relevant History:

Has the young person got an Education Health and Care Plan? Yes No

Any difficulty at college/university/within workplace - please provide as much detail as possible:

Is the young person in paid employment:

Yes

No

Place of work and job title:

Reason for referral, including any key dates. Please provide as much detail as possible:

Ethnic Origin: (Please tick relevant box)

Asian or Asian British:

- Bangladeshi
- Indian
- Pakistani
- Any Other Asian Background

Black or Black British:

- African
- Caribbean
- Any Other Black Background

Chinese:

Any Other Ethnic Background (please state):

Mixed:

- White and Asian
- White and Black African
- White and Black Caribbean
- Any Other mixed Background

White:

- British
- Irish
- Gypsy Roma
- Traveller of Irish Heritage
- White European
- Any Other White Background

Nationality:

First Language:

Does he/she require an Interpreter?

Yes

No

Religion:

Specific religious needs:

Return completed form to: For attention of Claire Dent, Nova, 11 Upper York St, Wakefield WF1 3LQ

Or email to: claire.dent@nova-wd.org.uk Tel: 07944 181335