

MAGS REFERRAL FORM

Multi Agency Group Services

For MAGS use Date received

YOUNG PERSON'S DETAILS			
Name		Gender	
Date of Birth		Name of School	
Contact Address		Current School Year	
		Name of EWO	
		Contact No	
Name and address of GP		Permission from school to attend MAGS:	YES / NO

REFERRER'S DETAILS			
Name and position of referrer		Referring Agency	
Contact Address		Telephone (Work)	
		Telephone (Mobile)	
		E-mail	

REASONS FOR REFERRAL <i>(please be as specific as possible)</i>			
Other Agencies involved?			
Signed (Referrer)		Date	
Signed (Parent/Carer)		Date	

Please return to MAGS, IW Youth and community Service, 29 High Street, Newport PO30 1SS

