



Community Youth Teams

Community Issues Request Form

Please complete and return this form to cyt@sheffield.gov.uk

Please allow a 3-week lead in time for any requests

all CYT referral forms are available on the website www.sheffield.gov.uk/cyt

Ward Area / Safer Neighbourhood Area	
Name of person completing form	
Organisation	
Email	
Telephone Number	
Purpose and detail of the request	
Other partners involved in the request	
Number of CYT staff required <i>(please also indicate number of SNA or other staff committed)</i>	
Area / Location to cover	
Date (s)	
Times <i>(please include briefing information if relevant)</i>	
What work has already been carried out in the area to address these issues? <i>e.g referrals for individuals, PAL / CAL letters, ABCs issued</i>	
Outcomes to be achieved and measures for impact	
Publicity information	
Additional Comments	  