

**Referral Form to Swan Youth Project**

**Young Persons Details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  | Contact Phone Number |  |
| Address and postcode |  |
| School year |  | Nationality |  |
| Parent/carer name and relationship to YP |  | Parent/carer Phone Number |  |

**Additional information about the YP**

|  |  |
| --- | --- |
| Medical conditions |  |
| Additional Needs |  |
| Main reasons for referral, please be as specific and detailed as possible |  |
| Type of support being requested (1:1/ small group/ other) |  |

❑ Suicide Ideation

❑ Self-harm

❑ Suspected Mental

Health

❑Anger management

❑Bullying

❑Social Functioning

❑Relationship difficulty

❑Grief & Loss

❑Low self-esteem

❑Sexuality/Gender Identity

❑Housing/

Homelessness issues

❑Education

❑Legal/non-criminal

❑Connection to the

community

❑Domestic violence

❑Sexual assault

❑Child protection

|  |  |
| --- | --- |
| Person making the referral |  |
| Relationship to young person |  |
| E-mail |  |
| Phone |  |

Information we collect about the young person and any activities they take part in at this venue will be stored securely and only used for running activities. Anonymised information will be shared with funders to help the service to continue. Personal information will not be shared without consent to third parties unless required by law or for safeguarding reasons. By signing this form, you acknowledge that Swan Youth Project will store your data in compliance with the GDPR. ☐ Yes ☐ No Tick Yes to confirm your acknowledgement, if no,we will not be able to continue with the referral.

I have discussed this referral with the young person and they have given consent Yes ❑ No❑ N/A ❑

I discussed this referral with the young person’s parent/guardian Yes ❑ No❑ N/A ❑

Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information Sharing Consent**

|  |  |
| --- | --- |
| Name of young person |  |
| Name of parent/carer |  |

I hereby give my permission for The Swan Project to share personal information about the above young person with the named school and vice versa in connection with academic achievement and social/emotional needs or concerns. I understand that The Swan Project may hold information gathered and as such my rights under the Data Protection Act will not be affected.

**Statement of Consent:**

* I understand that personal information is held about me or the young person in my care.
* I have had the opportunity to discuss the implications of sharing or not sharing information about me or the young person in my care.
* **I agree that personal information about me or the young person in my care may be shared and gathered from the following agencies:**
	+ NHS and other Health Services, including my GP practice
	+ Early Intervention Service including the police
	+ Adult Services
	+ Mental Health Services
	+ Education Support Services
	+ Social Care
	+ Voluntary Sector Organisations
	+ Housing Providers

Are there any agencies you do not want us to share or gather additional information with? Please list them here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to my information being shared and gathered between services

 Yes No

**Parent/carer name:**

**Signature:**

**Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time.** Should you have any questions about this process, or wish to withdraw your consent please contact Anna Foster on 01366 386259

**Please return completed forms to:**

**E-mail address:** **anna@theswanproject.org** **Phone: 01366 386259**