**Programme Referral Form**

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| **Referrer’s Details** | **To be completed by Referrer**  **All sections must be completed** |
| Programme referring to: |  |
| Name of and post held by Referrer: |  |
| Referrer’s contact details: | Email address:  Mobile Tel No.: |
| Date of Referral: |  |
| **Client’s Details** | **To be completed by Referrer** |
| First Name: |  |
| Surname: |  |
| Title: | Mr Mrs Miss Ms Other |
| Address: |  |
| Post Code: |  |
| Phone Number: | Landline:  Mobile: |
| Email address: |  |
| D.O.B: |  |
| Please log any known Disabilities or Medical Issues: | Allergies/ sensitivities/medications |
| Name and address of GP: |  |
| Emergency Contact Name and Number |  |
| Dietary requirements |  |
| Ethnicity (please highlight): | White-British White-Irish White-Other  Mixed-White and Black Caribbean  Mixed-White and Black African  Mixed-White and Asian  Mixed-Other  Indian  Pakistani  Bangladeshi  Asian-Other  Caribbean African Black-Other  Chinese  Other Not Stated Not known |
| Religion (if known): |  |
| Gender: | Female Male Gender Diverse |
| Sexual Orientation (if known): | Heterosexual/Straight Gay Lesbian  Bisexual Unsure |
| Employment/Education Status: | Employed – Full time Employed – Part time  Unemployed (eligible for benefits)  Unemployed (not eligible for benefit’s)  Student – Full time Student – Part time |
| **For students-** Name of School or college |  |
| Relationship Status: |  |
| Details of Social Worker and/or other Professionals involved: |  |
| Known risk factors- please be specific |  |
| Are their any causes for concern with their behaviour such as; road safety, criminal convictions, running away, self-harm or harm to others. |  |
| Siblings name(s); Date(s) Of Birth(s); School they currently attended | Name  DOB  School  Name  DOB  School |
| Who does the child(ren) live with:  Address(es): |  |
| Is the child(ren) on any plans: (i.e CIN, CP, PLO) |  |
| Parent details:  (Name; Address; Risk Factors; relevant convictions) |  |
| Has the person been informed they have been referred to RCT |  |
| Reason for Referral:  Please give details |  |
| **Thank you for the information provided. The Referral will now be processed and a member of the team at RCT will contact the individual you have referred shortly to plan appropriate interventions.** | |

**Photo Consent Form**

We would be grateful if you would fill in this form to give us permission to take photos/audio of your child and use these in our printed and online publicity.

I give permission to Rochdale Connections Trust to take photographs and / or audio/video of my child.

I grant Rochdale Connections Trust full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve RCT’s aims.

This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

If you would like to limit or restrict the usage of photography please state your preference:

(I.E. photos can be used for funding purposes but may not be used for social media, I am happy for my child to participate in audio recordings that are anonymised)

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| Name of child |  |
| Relationship to young person  (e.g. parent, guardian, responsible adult): |  |
| Name of parent / guardian |  |
| Signature of parent / guardian |  |
| Date |  |

**Confidentiality Agreement**

As a participant on an RCT programme you will be asked to supply personal data in written form. This will include name, address, DOB, contact details and next of kin details. Additionally, brief notes will be made from each session. We work to the highest levels of confidentiality. This means that the information you share will usually not be discussed with anyone without your permission. However, we cannot guarantee complete confidentiality because of our legal and ethical responsibilities and it may be necessary to break confidentiality;

* If you pose a risk of serious harm to yourself or another person
* If I believe a child or vulnerable adult is at risk of harm or abuse
* If you share information about a serious crime that has not previously been disclosed to the authorities.
* If it is in the client’s best interests and they are not able to consent for themselves.
* Where there is a legal obligation to do so.
* When requested by a client’s insurance company in respect of a claim
* Where partner agencies may need the information to provide further support.

In these case’s information can be passed to the relevant partner agencies, Social services, GP and emergency Services.

By signing this agreement, you are providing your agreement that we can obtain and/or share information about you and your children. This also applies to any information you may disclose during our sessions together and consents to RCT sharing relevant information to partner agencies.

I must ask you to sign below to state you understand what you have been informed. Failure to sign will result in the termination of this meeting and of us working together.

Name of child (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **For completion by RCT staff only** | |
| **RCT Information** | **To be completed by RCT Admin staff** |
| Date Referral received into RCT: |  |
| Processed by (Staff Name): |  |
| Date Referral uploaded onto Lamplight: |  |
| Date Referral passed to Lead and Admin Signature: | Date:  Signature: |
| **RCT Information** | **To be completed by Counselling Coordinator** |
| Date Received by Coordinator: |  |
| Name and job title of Key Worker assigned by Coordinator: | Name:  Job Title:  Signature: |
| **RCT Information** | **To be completed by allocated Key Worker** |
| Date Received by Key Worker: |  |
| Client contacted by Key Worker via telephone (date & time): | Date:  Time: |
| Initial meeting arranged with Client by Key Worker: | Date:  Time:  Location: |
| Date contact details uploaded onto Lamplight by Key Worker: | Date:  Signature: |
| Notes/Additional Information: |  |

**1. Continuing Service Requirements**

**An exit strategy should set forth the Organisation’s service requirements for the period during which the parties are transitioning out of the relationship. These requirements may include:**

* **An obligation by the supplier to continue performing the services at the same level of quality for the transition period and to continue to comply with all the obligations in the contract.**
* **Requirements for the provision of parallel services for a certain period, with the right to extend the term as necessary to resolve issues before the final cutover.**
* **An obligation by the supplier to keep the same supplier team performing services during the transition period.**
* **Confidentiality on any communications regarding the termination of the relationship.**

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