**Programme Referral Form**

|  |  |
| --- | --- |
| **Referrer’s Details** | **To be completed by Referrer**  **All sections must be completed** |
| Date of Referral:  YP Programme referring to: |  |
| Referrers name & Position held:  Contact details:  Email address: |  |
| Child/ren on plans? | No Plans: EHA: CIN: CP: |
| Lead Professional: |  |
| Any Contact orders/restrictions in place for a parent/carer? |  |
| How long been involved with Family? |  |
| Please forward any relevant assessments or additional information you hold concerning the family to support this referral | YES NO |
| **Young Person Details** | **To be completed by Referrer** |
| First Name: |  |
| Surname: |  |
| Preferred Name: |  |
| Young Person D.O.B |  |
| Address:  Post Code: |  |
| Who do they live with?  Parent/Carer’s name & relation to YP? |  |
| Parent/Carer’s phone no:  Email Address: |  |
| Emergency contact name:  Phone no: |  |
| Siblings name(s)  D.O.B(s)  Schools attend/ing/ed: |  |
| Non-Main parent/carers name:  Address:  Phone No: |  |
| Please draw/write details of the family makeup (genogram or written)  Please make it clear who lives with whom, who has a positive relationship with whom, this may include wider family members) |  |
| Any known risk factors or risks to workers visiting the family?  If yes, please provide specific details:  Risk/concerns-behaviour:  Road safety  Criminal convictions  MFH  Running away from groups/schools  Self-harm or harm to others?  Violence | Yes No |
| Has the young person been exposed to DA in the last 2 years? | Within 2 years Over 2 years |
| Has the YP been affected by any of the following? | DA-child and Father NO/ YES  DA-child and Mother NO/ YES  DA-Father abusing Mother. NO/ YES  DA-Mother abusing Father. NO/ YES  DA-parent and their partner NO/ YES  DA-child and extended family NO/ YES  Coercive or controlling behaviour NO/ YES  Sexual Abuse NO/ YES  Alcohol/ Drug Misuse NO/ YES  Debt or unemployment concerns NO/ YES  Mental Health concerns NO/ YES  Anti-social behaviour NO/ YES  Other? NO/YES |
| Details & dates of any interventions with the YP- currently receiving or in the last 6 months? |  |
| Name of School or college:  School contact person name:  School phone number: |  |
| Name and address of GP: |  |
| Known disabilities/medical Issues. | Allergies/ sensitivities/medications:- |
| Dietary requirements:  Entitled to free school meals: | YES: NO: |
| Gender:  Sexual Orientation (if known): | Female Male Other  Heterosexual/Straight Gay Lesbian  Bisexual Unsure |
| 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 |
| Preferred Language: |  |
| Religion (if known): |  |
| Known addictions – | Drugs: Alcohol: Gambling: Other: (Give details) |
| Change of Circumstances in the next 12 months?  School  College  Living address? | Please provide any known changes the young person may encounter. |
| Reason for Referral:  Please give specific details to aid RCT’s support: |  |
| **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** | |

**Participant Consent**

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. We may ask for additional information regarding the support you receive, professionals you work with and any other personal needs. Additionally, notes will be made from each session. Personal data that we collect from any source will be kept securely on an online database.

Under the GDPR and Data Protection Act 2018, you are entitled to view, amend, or delete the personal information that we hold.

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.

Information may also be shared with agency partners and other support professionals that are involved in your care. This is to enable a multi-agency approach and the best possible support.

By signing this agreement, you are providing your permission for us to obtain and/or share information about you and people in your care. 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 young person (Print): Signature (parent/carer if under 16):

Date:

Allocated person/s dropping & picking YP at RCT and phone details:

Name 1: Phone No:

Name 2: Phone No:

Name 3: Phone No:

**Photo Consent Form**

We would be grateful if you would fill in this form to give us permission to take photos/audio 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/young person.

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)

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