

Referral form for after school support group

Basic information

Name:		Date of birth:	
School:		School year:	
Phone number:		Email address:	
Address:			

Allocated social worker, PA, foster carer or support worker

Name:		Relationship to young person:	
Phone number:		Email address:	

Background information

Country of origin:		Language(s) spoken:	
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Further information (please tick all that apply):

Arrived alone		Arrived with family		Has family in home country	
Has contact with family		Has suffered bereavement		Has suffered a traumatic event	
Full education in home country		Limited education in home country		Little/no education in home country	

Medical details

GP/surgery name and address:	
GP/surgery phone number:	
Allergies:	
Medical condition	

Consent form			
	<i>Please tick for consent</i>	Allocated SW/ PA/ foster carer or support worker	Young person
I give consent for to:			
<ul style="list-style-type: none"> attend the sessions at the 17 Broad Street Bury BL9 0DA on Tuesdays from 4pm to 5.30pm during term time. 			
<ul style="list-style-type: none"> return home independently after the session. If you do not consent to this, please give the name and contact details of the adult collecting the young person below. Name: _____ Phone number: _____ 			
<ul style="list-style-type: none"> be added to the WhatsApp group, so that he can receive relevant messages 			
I give consent for photographs of to be used in Fair Futures' publicity, newsletter, media communications and on the Fair Futures' website. I consent to the use of these photos on the understanding that such images will not identify the young person by name.			

Signed: person with PR Date:

Signed:..... young person Date:

Data Protection Statement

The information provided on this form by you is required by Fair Futures CIC in order to assess the needs of the young person being referred. When we collect this information, we are required to comply with the General Data Protection Regulation (GDPR). We will process this information on the legal basis that it is necessary for our work.

We will not share the information on this form unless required to do so as part of our work with this group or to comply with safeguarding protocol. If you need any other information on how we process information, please contact the organisation directly.

Signed consent _____

Signed consent _____

Allocated SW, PA, foster carer or support worker

Young person