ExChange

working together to offer more young gloucestershire infobuzz

who needs support?

please tick the category that best describes the person wanting support.

AN INDIVIDUAL AGED 16-25:		
AN INDIVIDUAL CHILD UNDER 16:		A parent or guardian will need to sign this form on pg3
A FAMILY:		Give the lead family member's details below and list additional members on pg3

more about that person

give details of the person wanting support or the lead family member.

FIRST NAME:	LAST NAME:
NICKNAME:	GENDER:
DATE OF BIRTH:	NATIONAL INSURANCE NO:
ADDRESS: POSTCODE:	
EMAIL ADDRESS:	
MOBILE NO:	OTHER PHONE NO:

emergency contact details

for the person who needs support.

EMERGENCY CONTACT NAME:	ADDRESS IF DIFFERENT FROM ABOVE:
RELATIONSHIP:	
CONTACT NUMBERS:	

personal and medical information

for the person who needs support.

LIST ANY MEDICAL CONDITIONS:	LIST ANY DISABILITIES AND/OR LEARNING NEEDS:
ETHNICITY:	ARE THEY IN, OR HAVE THEY LEFT CARE?
ARE THEY A YOUNG CARER?	WHAT IS THEIR HOUSING SITUATION?
GP NAME & ADDRESS:	ARE THEY IN EDUCATION? IF YES, PLEASE PROVIDE DETAILS:
EMPLOYED FULL TIME: ☐ EMPLOYED PART TIME: ☐ of at least 16 hrs per week UNEMPLOYED: ☐ how long have you been unemployed?	ARE THEY IN RECEIPT OF ANY BENEFITS?
DO THEY HAVE ANY CRIMINAL CONVICTIONS?	WHICH OTHER AGENCIES ARE THEY RECEIVING SUPPORT FROM?

what are the areas of concern

tick all that apply.

EMPLOYABILITY	☐	CRIMINAL JUSTICE	☐
RELATIONSHIPS/SOCIAL	☐	SUBSTANCE MISUSE	☐
SCHOOL/COLLEGE ATTENDANCE	☐	MENTAL HEALTH	☐
BEHAVIOURAL CONCERNS	☐		

reason for this referral

give as much detail as possible.

FOR EACH AREA OF CONCERN YOU HAVE TICKED PLEASE TELL US MORE ABOUT THE SITUATION; WHY HAS IT OCCURRED AND WHO IT IS HAVING AN AFFECT ON. IF NECESSARY USE AN ADDITIONAL SHEET.

parent or guardian details

only complete if the referral is for an individual child under 16 years old.

CONTACT NAME:

RELATIONSHIP TO YOU:

ADDRESS IF DIFFERENT FROM ABOVE:

CONTACT NUMBERS:

EMAIL ADDRESS:

SIGNATURE:

DATE:

additional family members

only complete if requesting support for a family. List the additional family members who may require support . Please indicate any family members involved with the criminal justice system.

NAME	RELATIONSHIP child/ father etc.	M/F	DOB	AGE	IN CRIMINAL JUSTICE SYSTEM?

how would you like to hear from us?

PHONE		WHAT IS THE BEST TIME/DAY FOR US TO CONTACT YOU?	
POST		WOULD YOU LIKE TO JOIN OUR E-MAIL LIST TO HEAR MORE ABOUT THE CHARITIES WORK AND NEW OPPORTUNITIES FOR SUPPORT?	
EMAIL			

data protection and GDPR

any data provided in this form will be stored and processed in accordance to the Data Protection Act 1998 and GDPR 2018 and used for various administrative and health and safety purposes. I understand that when Young Gloucestershire, Infobuzz, OPCC, Fearless, GCC or Gloucestershire Constabulary starts working with this child/young person or family that a separate consent form will be completed with them which specifically covers the storage and processing of their personal information. I have completed the form to the best of my knowledge.

SIGNATURE OF REFERRER OR MAIN CONTACT NAMED ABOVE:	PRINT NAME:
DATE:	

referral agency details

only complete if you are a referral agency completing this form on behalf of someone.

REFEREES NAME:	ADDRESS:	
ORGANISATION NAME:		
CONTACT NUMBER:	HAS THE FAMILY OR INDIVIDUAL CONSENTED TO THIS REFERRAL?	YES NO
EMAIL ADDRESS:		
SIGNATURE:	DATE:	

what next?

When you have completed this form please return it to us by email. Our team will look over your details and will be in touch as soon as possible to discuss the support we can offer.

Young Gloucestershire & Infobuzz
The Old Dock Office
Commercial Road
Gloucester
GL1 2EB
exchange@youngglos.org.uk