Photo (If available)

SO01862_

# Name:

**Get connected referral and consent form**

This consent and referral form should be completed by **the Referrer, the young person and their Parent/Carer.**

**Referral information**

|  |
| --- |
| **Name of Referrer:** |
| **Agency:** |
| Please state if the young person is care experienced, a young carer, involved in the child planning process. |
| **Reason for the referral:** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal Information-** | | | | | |
| Young Person’s First Name | Surname | | Age | | DOB |
| Address  Postcode | | | | | |
| Name of parent/carer |  | | | | |
| Tel no of parent/carer | Home  Mobile  Work | | | | |
| Email address of parent/carer |  | | | | |
| Name of school |  | | | | |
| School year/Guidance Teacher |  | | | | |
| **Emergency Contact Names and Telephone Numbers**  (including relationship to Young Person) | | | | | |
| 1) | | Tel no: | | Relationship: | |
| 2) | | Tel no: | | Relationship: | |
| **Medical Information** | | | | | |
| GP’s name | |  | | | |
| Address  Postcode | | | | | |
| Telephone number | |  | | | |
| Please provide a brief summary of any additional support needs and any diagnosis the Young Person may have? | | | | | |
| Is the Young person currently, or previously been involved with any Agencies or Activities? | | | | | |
| **Behaviour** | | | | | |
| Is there any particular triggers that upset the Young Person or make it difficult for them to participate?  Is there any strategies that you use and find helpful? | | | | | |
| Does the Young Person have epilepsy? Yes / No  If yes, how is this managed? Will they require to have medication with them? | | | | | |
| Does the Young Person have any allergies? Yes / No  If yes, please state what these are and how this affects them.  Does the Young Person take any medication? What is the medication and instructions for administering? Staff cannot administer medication and arrangements will have to be made/authorised. | | | | | |
| Does the Young Person benefit from visual timetables and social stories?  Yes / No | | | | | |
| Would the Young Person benefit from doing an activity (please circle)  With a group / one to one | | | | | |
| **Being Safe from Risk** | | | | | |
| If being Safe is an issue for the Young Person at times, what helps increase their Safety? ie- 1:1, small groups, anything else? | | | | | |
| **Interests, hobbies, skills and talents. Young Persons views** | | | | | |
| Please tell us about things you like, including interests, hobbies, skills and talents? | | | | | |
| What activities are you interested in?  Please tick:   * Art/Crafts * Music * Drama * Dance * Social/Youth club * Social physical activity * Fitness * Outdoor/Adventure Activities * Sports * Other | | | | | |
| **How should ‘Get Connected activities’ benefit you? What difference do you think it will make?** | | | | | |
|  | | | | | |

**Data Protection**

We will hold information provided by you in both electronic and paper format. Your details will be treated with the strictest confidence and will be used for the purposes of informing our own records and the records of partners involved in the delivering of this programme. We will not divulge information to any other third parties without your express permission. This includes local clubs and groups who may be involved in the programme at some stage. We will always summarise the information we hold on your child for the purposes of any delivery partner. This information will only be held by them for emergency contact or notable points that will assist them in the delivery of an activity that aids your child’s participation.

By signing below you agree that we may share and seek information from the other organisations involved in the delivery of this programme, the programme organisations involved in this programme being Get Connected. This is to ensure we provide the best service while your child attends this programme.

**Name of Parent/Carer ………………………………………………. (please print)**

**…………………………………. ……………………………………..**

**Signature of Parent/Carer**

**Please return this form to:**

Ian Darling – GET CONNECTED Co-ordinator.

[idarling@eastlothian.gov.uk](mailto:idarling@eastlothian.gov.uk)