**This is Derby Project**

Please complete in BLOCK CAPITALS. Email to [matthew.taylor@ymcaderbyshire.org.uk](mailto:matthew.taylor@ymcaderbyshire.org.uk)

**Referral Form Reference:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| **DERBY HOMES SECTION** | | | |
| **Full Name:** |  | | |
| **Current Address:** |  | | |
| **Email Address** |  | | |
| **Age:** |  | | |
| **PROJECT SECTION** | | | |
| **DOB:** |  | | |
| **Gender:** | Male □ | Female □ | Transgender □ |
| **Nationality:** |  | **Country/City of Birth:** |  |
| **What is your first language?** |  | | |
| **Contact Number:** |  | | |
| **Like to be called:** |  | | |
| **Next of Kin:**  *(Name, relationship, address & contact number)* |  | | |

1. Health

Things we need to know: physical or mental health needs. Any other support you are receiving?

2. Behaviour:

Things we need to know: Anger management issues, illegal activities, involvement with probation/YOS, any current involvement with the justice system (police, court, bail, tag), past offending behaviour (convictions, orders).

3. Education

|  |  |
| --- | --- |
| **Are you in education, training or volunteering?** | Yes □ No □  Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Volunteering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Any Qualifications** |  |
| **Are you in employment?**  *(Full time, part time, casual work?)* | Yes □ No □  If yes, please detail: |

4. Aspirations:What do you hope to achieve in the future? Where do you want to go? Future safety, plans strategies, people who can help

Equality & Diversity

The purpose of these questions is to help us discover the extent to which discrimination prevents people from gaining access to services. The statistical evidence gathered from this question will be used to help us combat discrimination by improving the equality of our services.

**You do not have to answer this question. Our consideration of your application will not be affected in any way by your decision to answer this question or not.**

Ethnicity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White | □ British | □ Irish | □ Other |  |
| Dual Heritage | □ White & Black Caribbean | □ White & Black African |  |  |
| Asian or Asian British | □ Indian | □ Pakistani | □ Bangladeshi | □ Other |
| Black or Black British | □ Caribbean | □ African | □ Other |  |
| Chinese or other | □ Chinese | □ Other |  |  |
| Refused to answer | □ |  |  |  |

**This is Derby Project Confidentiality Statement**

Confidentiality is important to us because it builds trust and positive relationships.

YMCA Derbyshire provide a confidential service. This means that we will look after the information you give us and we will not share this information with anybody else unless you have given us explicit consent to do so.

The only time confidentiality will be breached is if we think you or somebody else is at significant risk of harm. If we are worried about you, or somebody you have told us about, we may have to pass on information to other services. This could include the police, social services or health care providers. Wherever possible, we will ask you before we share any information about you.

We are legally obliged to disclose information in the following situations:

* To protect a child at risk of significant harm as defined by the Children’s Act (1989)
* To prevent a crime
* To ensure a duty of care is provided in a life threatening situation (i.e. serious illness or injury, suicide and self-harming behaviour). This might involve you or somebody else.

A decision to disclose information without your consent will never be made lightly.

There may also be occasions when we use your information within anonymised data to tell people about the impact our services have. This information will always be presented in such a way that individuals cannot be identified. Most often, this information is presented as numerical data (i.e. statistics).

Full name:

Please PRINT your full name on the line above

Signature:

Please sign within the box

Today’s date:

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_