

Young Persons Active Monitoring Referral Form

Return to info@mindaberystwyth.org

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| **Referral Details** |
| Referral date:  | School:  | Year group:  |
| **Young Persons Details** |
| Name:  | Nationality: |
| Gender: | Ethnicity: | Religion: |
| Date of birth:  | First language:  | Self-Referral: [ ]  |
| Contact number:  |
| Address Post code: E-mail address: |
| Does you have a formal diagnosis of Autism or Learning Need e.g. Dyslexia, please state:  |
| Do you or your parent/ guardian currently, or have previously, served in the armed forces? | Yes/ No |
| Do your parent /guardian know of this referral | Yes/ No |
| **Next of Kin/Carer/Guardian details** |
| Surname:  | Forename:  |
| Contact number:  | Relationship to young person (legal status): |
| **Reason for Referral** |
| Please describe what is happening, where & when, how often and how long, giving examples (Please explain the background to the problem; is it getting worse or staying the same? Possible trigger factors. What has been tried / what has worked so far) : |

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| **Reason for Referral continued** |
| Please add any relevant family detail / history, or anything else that may be influencing the current situation: Please list any other services or organisations involved:  |

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| **Signature** |
| Signature: Date:Digital signature [ ]  Verbal signature [ ]   |

**Personal Information**

Your personal information is requested for the following reasons:

* to contact you about changes or cancellations to sessions days or times
* to inform you of other relevant events and in order to be able to identify you to another agency in the event of an emergency (e.g. your GP, Community Mental Health Service, Emergency Services).

All the identifiable information you provide is kept in the strictest confidence according to the General Data Protection Regulations 2018. Any information used for statistical analysis is anonymised and will not identify you personally.

[ ]  **Please tick this box for our marketing team to contact you with relevant information.**

There are circumstances in which we may have to disclose information about you or information that you have shared with us to a third party in accordance with the Social Services and Wellbeing Act 2014. For example, if you share something which means that you, a vulnerable person (an adult, child or young person under 18) or members of the public may be at risk of significant harm we would need to contact the relevant emergency services. If you are at risk of significant harm, we may need to contact your GP, sCAMHS/Community Mental Health Team or another emergency service. If we need to disclose information about you to a third party, we will discuss with you who we need to contact and why. The reasons we may do this are set out in our Privacy notice, along with how you can access any information that we hold about you. This privacy notice can be viewed at <https://mindaberystwyth.org/privacy/> or you can request a copy by emailing info@mindaberystwyth.org