**Children and Young Persons Wellbeing Practitioner Referral Form**

Once complete, please send via **Email** to **wellbeing@ymcaexeter.org.uk****.** This is a secure email and is regularly monitored.

If you have any difficulties with this form or would like to speak to someone about your referral, please contact us on **01392 410530 */*** **wellbeing@ymcaexeter.org.uk****.**

**If the child or young person is at risk of harm to themselves or others, please contact their GP or professional involved in their care to discuss a safety plan as we are not able to provide emergency care.**

**All information given will be treated as strictly confidential.**

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| **REFERRER DETAILS** |
| **Referring agency:** | Click or tap here to enter text. |
| **Date of referral:** | Click or tap to enter a date. |
| **Name and job title of referring worker:** | Click or tap here to enter text. |
| **Phone number:** | Click or tap here to enter text. |
| **Email address:** | Click or tap here to enter text. |

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| **PARENT/CAREGIVER(S) DETAILS (IF APPROPRIATE)** |
| **Full name:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Home number:** | Click or tap here to enter text. |
| **Mobile number:** | Click or tap here to enter text. |
| **Any other relevant information:** | Click or tap here to enter text. |

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| **CHILD OR YOUNG PERSON’S DETAILS** |
| **First name:** | Click or tap here to enter text. |
| **Preferred name:** | Click or tap here to enter text. |
| **Last name:** | Click or tap here to enter text. |
| **Date of birth:** | Click or tap to enter a date. |
| **Contact number:** | Click or tap to enter a date. |
| **Contact email:** | Click or tap to enter a date. |
| **Describe Gender** | Click or tap here to enter text. |
| **Does this child or young person have a disability?** | Yes [ ]  No [ ]  Prefer not to say [ ] *If yes, please specify:* Click or tap here to enter text. |
| **Does this child or young person require constant supervision or care due to a disability?** | Yes [ ]  No [ ]  |
| **Is this child or young person a Young Carer?** | Yes [ ]  No [ ] *If yes, please specify who are they a Young Carer for?:* Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Postcode:** | Click or tap here to enter text. |
| **Accommodation Status:** *(Please tick the relevant option)* | Parent or carer owns/rents the house [ ]   Temporary accommodation [ ] Sofa surfer [ ] Supported lodgings [ ] *If an alternative answer, please specify:* Click or tap here to enter text. |
| **Ethnicity:** *(Please tick)* | ***Mixed:***White and Back Caribbean [ ]  White and Black African [ ]  White and Asian [ ]  Other [ ]  ***White:***White British [ ]  White Irish [ ]  White other [ ] ***Asian or Asian British:***Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Other [ ] ***Black or Black British:***Caribbean [ ]  African [ ]  Other [ ]  ***Other ethnic groups*** *(Please specify):*Click or tap here to enter text.***Prefer not to say*** [ ]  |
| **Long Term Condition Status:** *(Please tick the relevant option)* | Asthma [ ]  Heart Failure [ ]  Cancer [ ]  Epilepsy [ ]  Chronic pain [ ]  Diabetes [ ]  Dementia [ ]  Medically Unexplained Conditions [ ] No Long Term Health Conditions [ ]  |
| **Child Protection Plan:** *(Please tick the relevant option)* | Has never been subject to a Child Protection Plan [ ] Has previously been subject to a Child Protection Plan [ ] Is currently subject to a Child Protection Plan [ ]  |
| **Is this child or young person a Looked After Child?** | Yes [ ]  No [ ]  Prefer not to say [ ]  |
| **Who is this child or young person’s Education provider?** *( E.g. School name, College name, Apprenticeship facility)* | Click or tap here to enter text. |
|  **GP Practice (if known):** | Click or tap here to enter text. |
| **Child or young person’s NHS number:** | Click or tap to enter a date. |
| **Who is the child or young person’s registered GP?**  | Click or tap here to enter text. |
| **Do you consent for this child or young person’s data to be kept on confidentially on YMCA Exeter’s record?** | Yes [ ]  No [ ]   |
| **Our Wellbeing Practitioners also offer ‘Group Therapy’. Please tick if the child or young person does not wish to be considered for group sessions.**  | I do not wish to be considered for group therapy [ ]  |

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| **REASON FOR REFERRAL** |
| *Please give as much detail as possible about presenting difficulties as well as; duration, main symptoms, impact on day to day life, additional difficulties.*Click or tap here to enter text. |

**YMCA Exeter Wellbeing Practitioner Information Sharing Consent Form**

I agree to the information collected within this form, sessions with a Wellbeing Practitioner, and any other supporting information provided, to be shared with the following:

* Other professionals within YMCA Exeter
* Relevant health and social care organisations
* Agenciesincluding theDepartment of Health for wider data collection to support our evidence base.

This includes, if required:

* Children’s centres
* Your GP
* CAMHS services and education

This is for your family to receive the best possible service, but on the basis that this will be done securely. Information is only ever shared on a need-to-know basis and always to ensure the care of the child.

Sharing information will always be completed in line with the General Data Protection Regulation and Caldicott Principles.

I understand that I can withdraw my consent to the sharing of my/my child’s personal information at any time and agree to inform the relevant professional if I wish to do so. However, I am aware that if consent is withdrawn, provision of services may not be possible.

I understand that I have the right to know where and with whom my information is shared, and that I can contact YMCA Exeter if I need assistance on understanding how information is managed.

I understand that information may need to be shared without my permission if the safety of my child/children/family or any other person is at risk, or for a legal basis. This could include where information is needed to help stop or solve a crime.

I understand that any information about me and my family will be held securely by YMCA Exeter and that my personal information is protected by the Data Protection Act 2018. It will not be held for any longer than necessary in line with our data retention policy.

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| **Name of Child or Young Person:** | Click or tap here to enter text. |
| **Date of Birth:** | Click or tap to enter a date. |
| **Name of person completing this form:** | Click or tap here to enter text. |
| **Signature:** |  *Please see below*Please upload your signature here: If you do not have an e-signature, please type your name here: Click or tap here to enter text. |
| **Today’s date:** | Click or tap to enter a date. |
| **Relationship to Child:** | Click or tap here to enter text. |
| **Is there any information you prefer to not be shared or any person/organisation you would not want your information shared with?** | Click or tap here to enter text. |