**Children and Young people’s referral form**

**Thank you for making a referral to our mentoring program. By providing us with this information you are beginning the process of finding a great mentor for your young person. Once we have received this information our staff will contact you to arrange a meeting to take this further**

Young Person Mobile

Year

Full Name

Date of Birth

Ethnicity

Address
(including
postcode)

Email

School

Medical conditions/ allergies

Gender

Age

**Young Person’s Personal details**

**Parents/carers details**

Mobile

Relationship:

Name:

Phone No.

Full Name

 Relationship to child

 Address
(including
postcode)

Email

Second phone number

GP Surgery used

Emergency contact details

**Thank you for providing the information on this form. Step Out needs to use this information to report back to funders, who fund the work that goes on with young people. All the information will be stored securely, only accessed by authorised staff and made anonymous when it is reported on. If you have any questions on how your data is stored please ask a member of staff.**

**Please tick the below boxes to consent to your data being stored and used as detailed above.**

I DO consent to the data on this form being stored electronically and shared with funders.

I DO consent to data being collected through questionnaires and interviews in order to show the impact of what we do and make improvements. All this data will be kept anonymous and stored securely.

I DO consent to being contacted by Step Out about events, trips or services that may be of interest to me.

I DO consent to the child I have parental responsibility for being photographed or filmed, which I understand may be used to promote the work of Step Out. Our policy is to seek parent/carers and child’s consent every time we want to use an image.

Parent/carers signature

**Date**

**Parent/carers signature**

Please provide us with detail of what support they are receiving now and why.

Full Name

Organisation making referral

Referrers Role

Email

Phone

How you know the young person/family

**Referrer details**

**If you are an organisation making a referral for a young person to be on the mentoring program please fill in these details and make sure you have permission from the family to make the referral.**

**Declaration**

yes no