**BLGC On Track Referral and Consent Form**

**The offer is for young people aged 16 to 24 years old who are NEET (not in education, employment or training) or those who are at risk of being NEET.**

**Young Persons Information**

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| **First Name** | Click or tap here to enter text. |
| **Surname** | Click or tap here to enter text. |
| **Date of birth** | Click or tap to enter a date. |
| **Age** | Click or tap here to enter text. |
| **Gender** | Choose an item. |
| Click or tap here to enter text. |
| **Phone Number** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |

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| Have you discussed the referral with the young person, and have they consented to the support and understand what the service is? | Choose an item. |
| How would you describe the Young Person’s current situation in terms of looking for employment, training, or education courses? | Choose an item. |

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| --- | --- |
| **Home Address** |  |
| What are the living arrangements? | Choose an item. |
| House name/number and street | Click or tap here to enter text. |
| District/Area | Click or tap here to enter text. |
| Town/City | Click or tap here to enter text. |
| Post code | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |

**Ethnicity:**Choose an item. **Religion:**Choose an item.

**Do you have any disabilities?** Choose an item.**If yes, please give details:**Click or tap here to enter text.

**Please tick all that apply to this young person:**

EHCP  Special Education Needs

**Are you a carer for other family members?** Choose an item.

**Are you a Looked After Child /Care Leaver?** Choose an item.

**Are you a Refugee or Asylum Seeker?** Choose an item.

**If yes please give country of origin:** Click or tap here to enter text.

**If yes please give 1st language spoken:**Click or tap here to enter text.

**If yes are you an unaccompanied minor?** Choose an item.

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| **School/College/Employment Details:** |  |
| Name of School/College/Employment | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Name Main Contact | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

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| **Parent / carer information (for all young people Under 18) :** | |
| Name | Click or tap here to enter text. |
| Relationship to young person | Choose an item. If other type here:Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | 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. |
| Email | Click or tap here to enter text. |

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| **Emergency Contact Details – please provide 2:** | |
| Name | Click or tap here to enter text. |
| Relationship to young person | Choose an item. If other type here: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. |
|  | |
| Name | Click or tap here to enter text. |
| Relationship to young person | Choose an item. If other type here: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. |

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| **Supporting Information for Referral – please complete with the young person** | |
| **Do you have a Social Worker?**  **(If yes, please give details below)** | Choose an item. |
| **Name** | Click or tap here to enter text. |
| **Telephone number(s)** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **What support do you think you need around employability, education, or training?**  Click or tap here to enter text. | |
| **What are your skills, strengths, and abilities that we can build on**?  Click or tap here to enter text. | |
| **What areas do you think you need to develop?**  Click or tap here to enter text. | |
| **Have you had employability, education or training related support before? Who from?**  Click or tap here to enter text. | |
| **Are there any concerns or risks that we need to be aware of, to help us keep you safe?**  Click or tap here to enter text. | |

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| **Referrer Information** |  |
| **Name of person making the referral** | Click or tap here to enter text. |
| **Organisation and Role** | Click or tap here to enter text. |
| **Telephone number** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Consent & Storing data**

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| **The below details must be completed by the person with parental responsibility.** | |
| Personal and Sensitive Data  By referring this young person, you confirm, and can demonstrate on request, that you have gained explicit consent from the parent/carer of the young person to provide the Bolton Lads & Girls Club with certain personal and sensitive information, which we will process in accordance with all applicable data protection laws to provide them or you with services and carry out administration in relation to the referral:   * Communicate with you, the young person, and/or the parent/guardian about the referral * Provide information about the referral to Bolton Lads & Girls Club (registered charity number 1051292), our suppliers, funders, and/or sponsors, as required for the purposes of the development, co-ordination and support of Bolton Lads & Girls Club   Where there is a need to protect or support a young person, we may also share personal information with relevant agencies as required by law. For further information about how we process personal information, and your rights, please read our Privacy Policy. This can be obtained from any of our sites or online @ <https://boltonladsandgirlsclub.co.uk/privacy-policy/>. | |
| I give consent for the above young person to be transported to and from BLGC, or places in the community that are related to them working with our Employability Project. | Choose an item. |
| In the event of a medical emergency, I authorise the worker to consent to necessary treatment. They will endeavour to contact you as soon as possible using the contact telephone numbers provided. | Choose an item. |
| If taken, I consent to my image (in photos or videos) may be used for marketing and publicity purposes in printed publications, on social media, on the Bolton Lads & Girls Club website or elsewhere. | Choose an item. |
| I would like to receive further information about opportunities to support Bolton Lads & Girls Club by e-mail, phone, SMS, post or other means. You can change your mind at any time by contacting us. | Choose an item. |
| **Name of person giving consent:** Click or tap here to enter text. **Date:**Click or tap to enter a date.  **How was consent given:**Choose an item.  **Signature (if not verbal):**Click or tap here to enter text. | |

**What happens next?**

*Email to* [*employability@blgc.co.uk*](mailto:employability@blgc.co.uk) *and one of our team will be in contact with you to discuss the referral.*

***Please note: Young People have access to this form.***