**Trusted Persons’ Scheme**

**Young Person’s Information**

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| --- | --- |
| **First Name** | Click or tap here to enter text. |
| **Preferred 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. |
| **Gender** | Choose an item. |
| Click or tap here to enter text. |
| **Pronouns** | Click or tap here to enter text. |
| **Ethnicity** | Choose an item. |
| Click or tap here to enter text. |
| **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 first language spoken | Click or tap here to enter text. |
| **Do you have any disabilities?** | Choose an item. |
| If yes, please tell us about disabilities/additional support needs that you have, whether diagnosed or not. | Click or tap here to enter text. |

**Home Address**

|  |  |
| --- | --- |
| This address is: | 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. |

**Social Worker Details**

|  |  |
| --- | --- |
| 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. |

**Emergency Contact Details**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Relationship to you | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
|  |  |
| Name | Click or tap here to enter text. |
| Relationship to you | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Supporting Information for Referral**

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| **Please tell us about why you’d like to have a Trusted Person.**  Click or tap here to enter text. |
| **Is there anything specific that you would like your Trusted Person to support you with?**  *Please tick any that you think are important to you.*   |  |  | | --- | --- | | Health and development  Emotions and behaviour  Education/training/employment  Leisure and fun  Identity  Family and social relationships | Self-care skills  Money  Getting support from other services  Where you live and independence  Expressing your views  None of these | |
| **Is there anything we need to know to keep you or the Trusted Person safe?**  *(Examples of things to think about for this question: Do you have any pets at your home? Do you have any triggers we need to be aware of? Are there places/areas that you shouldn’t visit? Are there people who you shouldn’t have contact with? Is there something you need us to do to make sure we’re supporting you well?)*  Click or tap here to enter text. |

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| **Do you have people in mind that you’d like us to talk to about being your Trusted Person? Please provide their contact information here.** *It’s really helpful if you provide as much information as you can but if there’s something you don’t know, don’t worry. We can work together to find this out.* | |
| Name | Click or tap here to enter text. |
| How do you know them? | Click or tap here to enter text. |
| Phone number (if known) | Click or tap here to enter text. |
| Email address (if known) | Click or tap here to enter text. |
| Are you still in contact with this person? | Click or tap here to enter text. |
| If you answered ‘no’ to the question above, please state how long ago you were last in contact with them | Click or tap here to enter text. |
|  |  |
| Name | Click or tap here to enter text. |
| How do you know them? | Click or tap here to enter text. |
| Phone number (if known) | Click or tap here to enter text. |
| Email address (if known) | Click or tap here to enter text. |
| Are you still in contact with this person? | Click or tap here to enter text. |
| If you answered ‘no’ to the question above, please state how long ago you were last in contact with them | Click or tap here to enter text. |

**Referrer’s Information** *(if someone is making the referral on the Young Person’s behalf)*

|  |  |
| --- | --- |
| **Referrer Name** | Click or tap here to enter text. |
| **Referrer Role** | Click or tap here to enter text. |
| **Referrer Contact Details** | Phone: Click or tap here to enter text.  Email: Click or tap here to enter text. |

**Consent – Storing & Sharing Data**

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| --- | --- |
| **The below details must be completed by the young person if over 16yrs old or by whoever has parental responsibility.** | |
| Personal and Sensitive Data  By signing the below declarations, you confirm that you have given explicit consent to provide 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 consent to be transported to and from BLGC, or places in the community, that are related to you engaging with the service by the Trusted Person Coordinator and/or the Trusted Person on a one-to-one basis. | Choose an item. |
| In the event of a medical emergency, I authorise the worker to consent to necessary treatment. They will endeavour to contact the designated emergency contacts as soon as possible using the contact telephone numbers provided. | Choose an item. |
| If taken, I consent for my image (in photos or videos) to 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. |
| Your name:Click or tap here to enter text.  How was consent given: Choose an item.  Signature: Click or tap here to enter text.  If you have an electronic signature, please paste in the box below:  Choose a building block.  Date:Click or tap to enter a date. | |

**Once complete, please send this referral form to** [**mentoring@blgc.co.uk**](mailto:mentoring@blgc.co.uk)