**Professional Referral Form**

Referral form for Glossop Arts Project’s **Mind The Gap:14-18 project.**

We will use the information provided to contact and invite the young person to our weekly session on Fridays 12:30-2:30pm (termtime only).

**Referrer Details:**

|  |  |
| --- | --- |
| Name: | Agency: |
| Telephone Number: | Email: |

**Young Person’s/Parent/Carer details:**

|  |  |  |
| --- | --- | --- |
| Name | DOB: | |
| Address: | Telephone number: | |
| Consent for referral: **Yes/No**  Please state how consent has been obtained: **Verbal/Written**  (delete as appropriate) | Disability/Long Term Health Condition: | |
| Name of parent/carer: | Telephone number: |
| Address: if different from above | Email: |
| Emergency Contact: | Telephone Number: |

**Is the young person currently in education, employment or training?**

**How does the young person and their parent/carer feel about this referral and is the young person comfortable with the idea of attending? Is there any additional support that may be needed to assist them to attend? (e.g. meet the staff before a session).**

**Is the young person being supported by any other organisations to your knowledge?**

**Please briefly outline the reason for the referral. E.g. Is the young person socially isolated?**

**Protection of your information**

Only staff at Glossop Arts Project will have access to your information. It will be kept securely and not shared with any other individual or organisation without your permission. Any project reports will use anonymised data only unless you give your permission for a case study. Your information will be held only for as long as is necessary for funding or session requirements. It will then be securely destroyed.

**Signature**:………………………………… **Date**:…………………….