|  |
| --- |
| Referrer Details |
| Referrer Name |  | Nature of Business |  |
| Organisation |  | Job Title |  |
| Telephone Number |  | Email |  |
| Address |  |
| Service Required (Please circle) | Wellbeing (Aged 13-25) | Family (Have a child aged 5 or under) | Floating (Aged 16-24 LAC or Care Leaver) |
| How you heard of the service |  |

|  |
| --- |
| **Reason for referral (Please give as much detail as possible)**(What advice/support is required? Health & Wellbeing, EET, Finances, Housing. What needs does the person have – Do they have any mental health needs? How does it impact them? Are Mental Health services involved (CAMHS, LINK, Talking Therapies etc)? Does the person have a formal diagnosis? |
|  |
| **Personal Circumstances**(Please include details of any needs or other issues we need to be aware of **Risk to self or others** including self-harm, suicidal ideation, substance misuse, threatening behaviour etc) |
|  |

|  |
| --- |
| **Further Support Activity**(Will your organisation continue to support this person whilst they are on the waiting list and or receiving advice and support from P3) |
|  |

|  |
| --- |
| **Persons Details** |
| Forename/Known As |  | Surname |  |
| DOB |  | National Insurance |  |
| School/College |  | Telephone Number |  |
| Email |  | Resident Borough |  |
| Address including postcode |  | Parent / Guardian / Support Worker Contact Details |  |
| GP Details |  | Next of Kin (Name & No) |  |
| Asylum Seeker | Yes | No | Refugee | Yes | No |
| Do they have home office papers? | Yes | No | Do they have the Biometric Residency Permit?  | Yes | No |
| Ethnicity (Please Select) |
| Asian or Asian British  | Bangladeshi | Indian | Other Background | Pakistani |
| Black or Black British | African | Caribbean | Other Background |
| Mixed | White & Asian | White & Black African | White & Black Caribbean | Other |
| White  | British | Irish | Other |
| Other | Arab | Romany, Gypsy, Traveller | Unknown / Refused to Answer | Chinese | Eastern European |
| Gender (Please Select) |
| Female | Gender Neutral | Male | Non-binary | Transgender | Other / Refused to answer |
| More about them (Please Circle) |
| Are they a Young Carer? Yes/No | Are they a looked after child? Yes/No | Are they a care leaver? Yes / No |

|  |
| --- |
| **Marital Status** |
| Single | Married | Divorced | Widow | Couple | Separated | Civil partnership | Refused |

**Current support client is receiving from other professionals (Probation, Social Services, CMHT etc):­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you pregnant**? ( Y/N ) **If Yes how many weeks?:**

**Do you have any disabilities or medical conditions?** (If yes, please provide details)

**How many children do you have?** \_\_\_\_\_\_\_ (Please provide all names and DOB of children)

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**D.O.B** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**D.O.B** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**D.O.B** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**D.O.B** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  **Living Status**  |
| Living with Family | Living in Council Accommodation | Sofa Surfing | A Housing Association Tenant |
| Living with Friends | Living in a B&B | Sleeping Rough | Other (Please state) |
| A Homeowner | Living in a Hostel | Private Renting |

|  |  |  |
| --- | --- | --- |
| **Property Type:**  | **No. of Bedrooms:**  | **Rent:** |

|  |
| --- |
| **Employment Status** |
| Working Full Time | Student- Full Time | Govt. Training | Maternity Leave |
| Working Part Time | Student- Part Time | Unable to Work | Other (Please State): |
| Unemployed | Not looking for Work | Job Seeking |

**Income**

Current Income:

If receiving benefits please list below

|  |
| --- |
| **Family Advice only** |
| **Children Centre family attends** |
| Coteford | Uxbridge | Yeading | Pinkwell |

**General Data Protection Regulation): Person Consent Form**

In order for us to support you, we will need to record details of your support.

These details may contain your personal and special category data.

To comply with GDPR (General Data Protection Regulation) we must tell you how we use this data and ask for your permission. By signing this form you are providing your permission for us to process your data for the purposes below. For further information please see overleaf.

P3 collects this information on behalf of the controller, who in this case is **Hillingdon Borough Council**

**Permission to store your data**

We are required by law to ask for your permission to record the details of your support. These details may contain your personal and special category data. The record of your support will be stored in a shared electronic case management system accessed by members of P3.

Paper copies of your data may also be stored securely by P3 Services.

**Permission to share your data with other organisations assisting in your support.**

Everything you tell us will be treated confidentially; however we may suggest that you go to another organisation for advice because they will be more able to help you with all or part of your problem. We are able to refer you to them and help get you an appointment. Ideally we would also give them the information you have given us.

If you give consent below, you are agreeing that P3 may, with your knowledge:

* refer you to other third party services;
* make appointments with other third party services;
* share your personal information with other third party services so that they have initial information about you and your possible problems.

**Exceptions to the above may apply (i.e. Safeguarding, unlawful activity).**

**[ ] Yes I/We give my/our consent to the P3 service and our contracted partners sharing my personal information with other third parties and commissioners for the purposes of providing support.**

**[ ] No I/We do not give my/our consent to the P3 service and our contracted partners sharing my personal information with other third parties.**

|  |  |
| --- | --- |
| **Name(s) :** |  |
| **Signature:** |  | **Date** |

**What is personal and special category data?**

Personal data is data which can be used to identify you. This may include your name, date of birth, address, telephone number etc.

Special category data is information related to any of the following: racial or ethnic origin, religious beliefs, health, sexuality or sex life, offences and/or convictions.

[ ] **Yes - I/We give my/our consent to P3 service (and partners) recording special category information about me/us**

|  |  |
| --- | --- |
| **Name(s) :** |  |
| **Signature:** |  | **Date** |

**Where will you store my data?**

The record of your case will be stored in a shared electronic case management system accessed by members of a P3 Service and their contractual partners.

Your information may also be stored in a paper file held securely by the P3 service or its contractual partner.

**What is a Data Controller?**

A Data Controller is someone who is responsible for your data and who must make sure that your data is processed according to the law. For example they are responsible for making sure that the information held about you is accurate and that it is kept secure. This is usually the funder of the service you are being provided with.

**What does *Data Processor*?**

For the purpose of GDPR (General Data Protection Regulation), P3 are the Data Processor on behalf of the Commissioner of the service.

**Can I withhold or withdraw my consent?**

Yes, however this may affect our ability to provide you with support. We would have to discuss this with your Data Controller on how we can still provide a service as they require evidence that we are supporting you in regards to the contract we have with them.

We will not share your information with anyone else without your consent, unless required to do so by law. P3 and the contracted partners have individual complaints policy, you should ask for further details.

Exclusions indicated by the person for withholding information;

|  |  |  |
| --- | --- | --- |
| Name | Relationship to person | Reason for exclusion |
|  |  |  |
|  |  |  |
|  |  |  |