Office use:
Date Received:
Date Allocated:
Date work commenced:

STRICTLY CONFIDENTIAL

WHITE GOLD CORNWALL REFERRAL FORM

Please return this form to: White Gold Cornwall Foundation, Trevenson House, Church Road, Pool, Redruth, TR15 3PT

e-mail: adminteam@whitegoldcornwall.co.uk Telephone: 01209 219185

Please ensure all sections are completed, including the Consent Form, before submitting a referral

YOUNG PERSON DETAILS

Name of child/Young Person/Adult:	**Preferred pronouns**:	**Date of Birth**:	**Gender**:
Preferred Name:	**Address**:	**School Attended (if appropriate)**:	
Child/ Young Persons Contact Number *(if applicable)*:		**Child/ Young Persons Email Address** *(if applicable)*:	
Name of Carer:	**Care Status**:	**Contact number**: **Email**:	
Ethnicity:	**Religion**:	**Main Language**:	**Registered GP Surgery**:

EMERGENCY CONTACTS

Please Note: We need a minimum of 2 emergency contacts on this form

Emergency Contact Name:	**Emergency Contact Name**:
Relationship to Young Person:	**Relationship to Young Person**:
Contact Number:	**Contact Number**:

Email Address:	**Email Address**:

REFERRER DETAILS

Name:	**Agency**:
Address:	**Contact Number**:
Email:	**In the event of annual leave or sickness, who should we contact in your absence?** **Name**: **Contact Number**: **Email**:

OTHER PROFESSIONAL/ ORGANISATIONAL INVOLVEMENT

Are there any other professionals or organisations currently working with this young person? *(e.g. Social Worker, Family Support Worker, Youth Worker, CAHMS etc)*	Yes/ No
If YES, please provide details of the provision below:	

DETAILS OF REFERRAL

Background Information relating to this referral:	
Objectives/Goals of this provision:	
Number of hours required each week:	**Number of weeks duration that support is required**:
Level of support required: ☐ 1:1 support	**If 2:1 support is required, please provide details of the reasons for this level of support**:

☐ 2:1 support	

Please comment on each of the following, clearly identifying any risks or vulnerabilities. If no history of this issue, please write 'No History'. This will enable us to match the most appropriate Engagement Worker.

Physical health	
Mental health	
Safety in the community/out and about	
Substance misuse	
Physical violence	
Verbal abuse	
Sexualised behaviour	
Absconding (eg. taking flight)	
Offending	
Social media/ gaming	
Extreme views	
Harm to self	
Interaction with others (peers/family /authority)	
Likes/Dislikes	

Please forward your existing Risk Assessment if appropriate and any further details that may be relevant.

FUNDING

Funding agreed by:

Name: **Signature**:

Date: **E-mail address**:

PLEASE NOTE: following receipt of a signed referral we reserve the right to make an administration fee should the referral be withdrawn after consideration, attention and allocation of the same. The fee will be between £25 - £100 depending on the amount of time that has been allotted to the referral.

To enable us to begin the referral process for the young person, we require the **Young Person Consent Form** *(see page 5)* to be completed and submitted at the point of referral.

This form outlines important agreements regarding the provision of support, use of personal data (detailed further in the Privacy Notice), and consent for activities.

Please ensure the form is either:

- Signed by the young person's Parent/Guardian.
- Witnessed by the young person's Parent/Guardian, providing their signature in the 'Witness Signature' field.

Please refer to the accompanying Privacy Notice for details on how personal data is used and retained.

YOUNG PERSON CONSENT FORM

Name of Young Person:

Date of Birth:

Name of Parent/ Guardian (& relationship to named person):

I have read the privacy notice detailing the use of personal data	Yes / No
I understand that WGC will retain personal information as detailed in the Privacy Notice, and that I am entitled to it	Yes / No
I understand that WGC will provide information to the referring agency or organisation regarding the sessions completed, and I consent	Yes/ No
I consent to WGC staff to administer basic medical treatment to deal with minor injuries, and that should it become necessary to attend a hospital then I will attend or call the emergency services.	Yes/ No
I understand the work of White Gold Cornwall and give permission for the above-named person to work with and be transported by WGC workers or its representatives.	Yes/No
I understand that sessions may involve participation in activities, visits and sometimes supervised work on community projects.	Yes/No
I have given WGC all information that I hold in relation to any medical conditions, allergies or special needs whilst working with the named young person.	Yes/ No
I have given WGC any information relating to religious or cultural beliefs or practices that I feel they need to be aware of.	Yes/No
I agree to ensure that the above-named person is available at the agreed days and times for the appointments. Should it be necessary to cancel an appointment, I will ensure that the appointed worker or the office is notified as soon as possible	Yes/No
I agree to photos or video recordings to be taken on WGC work phone to be shared with the above-named person and with parent/carer and referrer and any other specified here …… (add or cross out as appropriate)	Yes/No

Primary contact in emergency:

Name of Emergency Contact:	
Relationship to Young Person:	

Contact Number:	
Email Address:	

I understand all the information provided above. I give my consent for the above young person to work with White Gold Cornwall.

Name:

Signature: **Date**:

Parent/Guardian Consent Confirmation

Where the parent/guardian has not signed the form directly, please confirm how their consent was obtained by ticked **one** of the options below:

☐ **Witnessed By** – I witnessed the parent/guardian giving their consent for the young person to work with White Gold Cornwall

☐ **Authorised By** – I obtained consent directly from the parent/guardian and confirm that they have authorised the young person to work with White Gold Cornwall

☐ **Parental/Guardian Consent Not Obtained** – Consent has not been obtained from the parent/guardian. Please provide the reason below.

Reason consent has not been obtained:

Name:

Signature: **Date**:

Privacy Notice (Young People, Parents and Carers)

White Gold Cornwall Privacy Statement

In order to provide appropriate support, it is necessary to collect certain information (data) about those that we support and, where applicable, parents/carers. Use of data is governed by legislation; Data Protection Act (2018) and UK General Data Protection Regulation (UK GDPR).

Everyone involved with White Gold Cornwall (WGC) takes their responsibilities with regard to personal information very seriously and we have policies and procedures in place to ensure that data is used appropriately and kept secure.

Information about you or a person in your care.

Initially information is recorded on a "Referral form". This is usually completed by an organisation or agency asking us to provide support e.g. by a Social Worker or head of a school. Information is also obtained and updated during the course of our involvement with you or your child / young person. Some of the data that we collect is classified as "sensitive data" which is explained below.

Information held by White Gold Cornwall

Information provided on our referral form will usually include;

- The name, date of birth, address and contact details of the person seeking support.
- The name, address and contact details of the parent or carer.
- Family details including other persons in the home.
- Hobbies, interests and clubs attended.

Sensitive personal data will vary according to individual circumstances but may include;

- Reasons for the referral being made.
- Social circumstances.
- Physical or mental health details.
- Religious or cultural beliefs or practices.
- Substance misuse i.e. drugs and alcohol.
- Involvement with the criminal justice system.
- Any risks possessed by the person being supported to themselves or others.

Other information that we collect.

In order to provide appropriate support WGC workers may record details of sessions and relevant information provided by the person being supported or other persons involved with them.

Workers write monthly updates of the sessions that are seen by managers and provided to referring agencies.

Confidentiality.

During sessions the person being supported may discuss personal information regarding incidents, opinions and feelings. Such conversations will remain confidential between the individual and the WGC worker and will not be shared with others unless exceptional circumstances mean that such information must be shared. For example; if the information concerns a severe risk to the safety of the individual or another person.

The worker will discuss confidentiality with the person receiving support.

Retention of information.

When sessions with WGC conclude, information is retained for as "long as is necessary" in line with legislation. Any information that is not necessary to retain, e.g. for legal reasons, will be deleted from our computer or shredded.

Security

All information is kept confidential, and records are kept secure. Alan Milliner, CEO is registered with the Information Commissioner's Office (ICO) as a Data Protection Officer and all members of WGC are aware of their responsibilities under DPA 2018/ UK GDPR.

Rights regarding personal information.

You have a right to access any of the information that is held about you at any time. You also have the right to have inaccurate information corrected, information updated and the right to request that certain information is deleted.

If you wish to access information, or if you have any questions or concerns, please contact the Office Manager, Sally Ackerley, by telephone; 01209 219185 or email adminteam@whitegoldcornwall.co.uk

If you feel that we are not able to assist or your concerns have not been resolved to your satisfaction, you have the right to complain to the Information Commissioners Officer (ICO). Information is available via the website https://ico.org.uk/concerns/