|  |  |  |
| --- | --- | --- |
|  | **Room to Rant Referral Form** | 11 Jew Street Brighton Bn 11 UT01273 628414info@audioactive.org.uk |
|  |  |  | Referral date: |
| Young person info: |
| Name |  |  | Address |  |  |
| Date of birth |  |  |  |  |  |
| Age |  |  | Post code |  |  |
|  |  |  |  |  |  |
| Referrer details: |
| Name |  |  | Address |  |  |
| Job title |  |  |  |  |  |
| Organisation |  |  | Post code |  |  |
| Email address |  |  | Contact number |  |  |
| Indicators of vulnerability: |
| Poor school attendanceExcluded  |[ ]  Physical health  |[ ]  Mental health/Risk of Self Harm/Suicide |[ ]
| Emotional support needs |[ ]  Drugs/Alcohol |[ ]  Anxiety |[ ]
| Looked After Child  |[ ]  Homeless/at risk |[ ]  Family Trauma /Neglect or abuse |[ ]
| Loss or Bereavement |[ ]  Probation/YOT order |[ ]  Young Carer |[ ]
| Reasons for referral/support required/other relevant information |
| *(In order to provide the most effective support/service please provide details)* |
| Consent: I give consent to have photographs/film taken whilst participating in Room To Rant activities and performances and understand these may be used for shows/ publicity purposes including Audio Active Social Media channels.  |
|

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| --- | --- | --- | --- |
| Has the young person given consent to this referral? |  | Yes |[ ]  No |[ ]
|  |  |  |  |  |  |

 |
| Office use only |
| Date of Exit from Project |
|  |
| With Thanks please send this form to: office@audioactive.com jo@audioactive.com |

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| --- |
| Can we have consent to contact your GP in a Crisis or Emergency? |
| GP Name Address |  | Name  |  |
| Date |  |
| Phone Number |  | Signature |  |

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**INFORMATION SHARING - YOUNG PERSON CONSENT FORM**

**Who we are?**

AudioActive is a youth music organization working towards better futures through music.

We work in partnership with:

Youth workers, schools and colleges, social services, youth offending services, substance misuse services and community health services.

**Why do we need information?**

So that we can give you the help you need to reach your potential we need to know some information about you. We also need to collect information because it helps us to plan our work to best support you and other young people.

**What information do we record?**

**Basic information** – which includes your name, address date of birth

**Sensitive Information** – which includes extra personal details like your ethnic origin, religion, sexuality, health and other personal information you chose to tell us.

**To record your sensitive information, we need your ‘informed consent’ This means you understand exactly what personal information will be kept and what will be done with it, and that you give your permission for this to happen.**

**Why do we need to share information?**

* To make sure that you get the help you need, it may be necessary to share your information with other services.
* When we do this it will always be on a ‘need to know’ basis and only for the purposes of helping you. It also means that you don’t have to keep telling different people your story over and over again.
* You can choose what information we share about you and who we share it with.

If we believe that you or someone else is at risk of harm or where we believe a crime may have been committed, we may be required by law to share information about you without your consent.

**We will always try to keep you informed of who we have shared your information with and why.**

**We will only discuss your information with another member of staff or service if we need to.**

**We only keep and share information if it is going to help you.**

Once you sign-up to work with AudioActive we keep your personal information on our computer systems. These are secure and can only be accessed by certain people who need to know about you to help you.

|  |
| --- |
| **Young Persons Details** |
| First Name |  | Surname |  |
| Address |  |
|  |
|  | Postcode |  |
| Email Address |  |
| Date of Birth |  | Tel No |  |

|  |
| --- |
| **Declaration of consent by Young Person** |
| I give my consent to sensitive information about me being recorded and shared. I understand that I can change my mind in the future and I will need to sign another agreement to do so. I also understand that AudioActive may be required by law to share information about me with other organisations if they believe that myself or anyone else is at risk of harm or a crime has been committed.  |
| Signed |  | Date |  |
| Print Name |  |

|  |
| --- |
| **If you don’t want to give your consent, we will understand but this may limit the help we can offer you. If there are certain organizations or people that you don’t want us to share it with then let us know here –** |
| I agree that sensitive information can be recorded and shared about me – but I do not want it shared with the following organisations or people. |