

Over 16s Community Referral Form

Referral date:

Referrer information:**A health provider (such as Doctor/GP/Teacher/Other service):**

Please provide your full name and pronouns*:

Contact details:

Email:

Telephone:

Position:

Organisation:

Reason for referral (please state any important medical/referral information that may affect social referring or participant's ability to access Youth Link):

Have you referred Young Person to any other services?

If yes, please list so that we can work together:

Parent/carer of a young person (aged 16-24):

Parents of Young People aged 16-18, please sign page 5

Young person aged 16-24 (self-referral):

16-18 year olds will need parent consent (see page 5)

*Pronoun definition: words we use to refer to people's gender in conversation – for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

Young Person's details:

Name:

Date of birth:

Ethnicity:

Religion:

Gender:

Name you would like me to call you?

Pronouns you would like to be referred to?

Would you like me to use your name and pronouns when speaking to others?

Would you like to follow up with me (in a private conversation) about your pronouns?

Does your identity match your sex registered at birth?

Sexual orientation:

Are you currently in education, employment or training?

Please state your school/college/uni/training institution:

Are you under the care of any other mental health, physical health, school or social services?

If yes please state:

Can we contact the other services directly?

If yes please state which:

Do you have a disability? Tick all that apply and provide details:

No Physical Hearing Visual Learning Other

Do you have any access needs? (e.g. wheelchair access):

Contact information:

Address:

Email:

Telephone:

How would you like to be contacted initially?

Are you happy for us to use any pictures/quotes for social media purposes?

Reason for referral? Please tick those that may apply to you:

- | | | |
|-------------------------------------------|---------------------------|------------------------|
| Emotional wellbeing | Smoking | Wellbeing/health |
| Mental health | Diabetes | Education & employment |
| Bereavement | Heart/cardiovascular | Volunteering |
| Drugs & alcohol | Physical wellbeing | LGBTQ+ support |
| Isolation | Weight management | Other |
| Special educational needs or disabilities | Both emotional & physical | |

Please provide details:

Are you registered with a doctor within the West Herts Area (Watford/Three Rivers/Dacorum/Hertsmere/St Albans)?

*If you are from outside of those areas, we will let you know how you can access support outside of the Youth Link Programme.

Legal information

Safeguarding

We believe that involvement in Trust activities must never leave participants open to any form of abuse. We have comprehensive safeguarding policies and procedures. Find out more at:

www.watfordfcsetrust.com/about-us/safeguarding/

Data Protection Notice

We will treat all of your personal information with care and will fully comply with the Data Protection Act 2018 and the UK GDPR. We will ask for the appropriate consent where required. We will use your data to monitor performance and progress, and may share it with our funding partners. Find out more information about how we protect your data here:

www.watfordfcsetrust.com/about-us/policies/

Signed Young Person:

Signed parent/carer (age 16-18 only):

Signed referrer (If appropriate):

Thank you for providing the information above. What's next?



When we receive your referral, we will seek to contact you by your preferred way of contact within 72 hours.



We will organise an introductory meeting with you. In the first meeting we will complete a quiz which will help us to identify what support may be needed. Following this, together we will design a plan and organise further meetings (up to 6 meetings) to help achieve and imbed that plan.

Send the referral to:

Stephen Ware | PT Youth Health & Wellbeing Officer

stephen.ware@watfordfc.com

Watford FC's Community Sports & Education Trust, Vicarage Road Stadium,
Watford, Herts, WD18 0ER

Parents of Young People aged 16-18, please see page 5.

For ages 16-18 only:

Parent/carer details

Name and pronouns:

Relationship to Young Person:

Email:

Telephone:

Can your Young Person travel safely to meetings/any additional activities on their own?

Please state mode of travel:

Can we contact your Young Person directly using the information provided above?

I give permission for photos/media/quotes to be used:

Media activities and communication

Sometimes we, and the partners we work with, visit programmes to take photos and videos of your Young Person. We use this content for marketing, publicity and TV broadcast purposes. Are you happy for your child to take part in media activities?

Yes No

Please tick below to confirm that you are happy to be contacted with information about offers, future courses, the work of the Trust and Watford FC via their marketing company Goodform. Your information will not be passed onto any other third parties.

I agree No Email Post Phone

Parent/carer responsibilities

When you sign this form, you are agreeing to the parent/carer responsibilities:

- Making sure your Young Person can travel safely to and take part in all Trust Programmes.
- Managing your Young Person's medical needs before, during and after the project. Trust staff will NOT administer medication to children, except in an emergency.
- Letting us know should any of your or your Young Person's information changes.
- Making sure that you have read and agree to the legal terms on this form.

Signature:

Date: