

Youth Commission Parent / Carer Referral Form

Child / Young Person's Name		Gender
Date of Birth	Age	Disability
School		Ethnicity
Address		Mobile Number
Parent/ Carer's Name		Parent / Carer's Contact Details

Reason for referral: *Please write as much information as possible, this will help us to ensure that we are the right service to offer support and allocate the right service.*

Reason for referring:

What support do you think they need?

Relevant history of child

To ensure purpose to our work, we create **goals** with each young person to work on. From your discussions with this young person, what goals do they wish to work on?

- 1.
- 2.
- 3.

Do you have any other **Agencies/Professionals** currently or previously working with the young person/ family?

Teacher <input type="checkbox"/>	CAMHS <input type="checkbox"/>	GP <input type="checkbox"/>	School Nurse <input type="checkbox"/>
Youth Justice <input type="checkbox"/>	Social Worker <input type="checkbox"/>	SAS <input type="checkbox"/>	Youth Commission <input type="checkbox"/>
Does this young person have an allocated social worker			

Which **service** are you referring this child to? (please select one)

One to one support		Groups	
One to one emotional support for young people 11 – 18years		Would this young person be suitable for small groups? Would this young person engage in youth club settings?	
Bereavement support		Serious illness in the family	
Advice for parent/ carer One to one support <i>Relationship of the child to the deceased:</i>		Advice for parent/ carer One to one support <i>Relationship to person with a serious illness:</i>	

Do you give your consent for us to contact our partner agencies and share information that we think will be helpful for your child? **Yes** / **No** / **Maybe**

Medical Details
Does your child have any allergies/medical conditions? YES / NO
Does your child need to have prescribed medicine administered during the course of the session / club? YES / NO
*If YES, then a medical administration instruction form must be completed.
Does your child have any special dietary needs? YES / NO

First Emergency Contact	
Name	
Relationship to child	
Contact number during session / club	
Second Emergency Contact	
Name	
Relationship to child	
Contact number during session / club	

Youth Commission Consent

For use by parents, guardians and carers.

Consent to receive service and agreement to record information

The Youth Commission has provided us with information about the service and explained:

- ~ what information they will collect, why and what they will use the information for;
- ~ that the records may be kept in paper files or on electronic systems and may include photographs, videos and other personal information;
- ~ my child's rights to access information recorded about them and
- ~ that my information will be held in confidence, and the limits to confidentiality
- ~ The Youth Commission has encouraged us to raise questions and concerns at any stage whilst we work together.

Off-Site Activities/Visits Consent

I give consent for my child to be transported in a Youth Commission Project, Staff or Volunteer vehicle (when required) and taking part in lower risk activities – examples of which include:

- ~ Visits to places of interest (e.g. Heritage sites)
- ~ Visits to other youth projects, including inter youth project events (e.g. football, pool, netball) ~
- Venues to play sport, games, activities (e.g. Bowling, Football)
- ~ Attending training and meetings at other venues
- ~ Spontaneous shopping trips and eating out (e.g. Supermarket, restaurants, cafes etc.)
- ~ Consent for any higher-risk activity or residential on or off-island trip will require a separate consent form to be completed for each and every separate occasion

Please note that photography/filming consent is *optional*, and is only relevant if your child is participating in group work.

Photography/Filming Consent

I give consent for photographs and video material of my child, named on this registration form, to be used in Youth Commission printed publications, promotional films, web and social media sites including any Guernsey Press, Channel Television or Radio interviews and features

WhatsApp

While we recognize that Whatsapp recommended age is 16 years, we know lots of young people use this as their main method of chat. I give consent for Youth Commission staff to contact my child through Whatsapp.

The Youth Commission will only use Whatsapp **groups** with parents / carers or where specifically requested to use with groups of young people.

I agree to The Youth Commission processing information about my child in order to provide the services and agree to the above consent, as selected.

I understand I may review this consent at any time.

Name of person receiving service: _____

Signature of parent / guardian: _____ Date: _____

Please email this referral form to: info@youthcommission.gg