

REFERRAL FORM



Name of child/ young person		DOB			
Relationship to child or young people		Parent/Guardian email address (if under 16)			
Parent/guardian contact number		Address			
School contact name					
School contact details (email and contact number)					
Reason for Referral					
Please note that any child under the MAPPA or who has committed sexual offences will not be accepted onto the programme as this is beyond our threshold. Is the child or young person involved with MAPPA or have they committed a sexual offence?			Yes	No	
Please detail any other agencies involved e.g.: ELCAS/family support					
Level of vulnerability if known (please select)		Reoffending risk (please select)		Risk of serious harm (please select)	
High	Medium	Low	High	Medium	Low
Risk to Public (please select)		Risk to Self (please select)		Risk to Staff (please select)	
High	Medium	Low	High	Medium	Low
Risk to Children (please select)			Risk to Known Person (please select)		
High	Medium	Low	High	Medium	Low

Please send the completed referral form to arron.cuttriss@nottinghamforest.co.uk

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<p>Please provide further details of the risk</p>	
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Please tick the project outcomes that may be appropriate for the child/young person			
Anger management	Weapons awareness	Problem solving skills	Social skills
Relationship building/ restorative activities	Resilience	Coping with peer pressure	Coping with bullying
Impact of bullying on others	Consequences of behaviour	Identity	Understanding the impact of hate/prejudice
Online safety	Substance awareness	Other (please specify)	

<p>If known, please let us know any factors which may affect how we support the child/young person. Please include in the section details of any mental health issues or learning difficulties or disabilities.</p>	
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<p>Youth voice – have you discussed the referral with the young person?</p> <p>Please record the young persons views. Including anything they would like to add to the programme.</p>	
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<p>Most recent risk & triggers i.e. Anniversary dates they might struggle with (only if known).</p>	
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Gender:

Male Female Other (Please specify): I'd prefer not to answer

Age group

14-17 18-25

Ethnicity

White - English	Mixed - White and Black African	Asian / Asian British - Other
White - Irish	Mixed - White and Asian	Black / Black British - African
White - Scottish	Mixed - Other	Black / Black British - Caribbean
White - Welsh	Asian / Asian British - Indian	Black / Black British - Other
Gypsy or Irish Traveller	Asian / Asian British - Pakistani	Arab
White - Other	Asian / Asian British - Bangladeshi	Other
Mixed - White and Black Caribbean	Asian / Asian British - Chinese	I'd prefer not to answer

Religion or belief

No religion Baha'i Buddhist Christian (All Denominations) Hindu

Jewish Muslim Sikh Any other religion / belief I'd prefer not to answer

Sexual Orientation:

Heterosexual Bisexual Gay Other (Please specify):

I'd prefer not to answer

Do they consider themselves to have a disability?

Yes No I'd prefer not to answer

If answered yes to the above, which best describes this disability?

Visual Impairment	Mental Health Condition	Physical Impairment - wheelchair user
Hearing Impairment	Mobility	Learning Difficulty
Speech Impairment	Manual Dexterity	Learning Impairment Disability
Progressive Condition	Physical Co-ordination	Other

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What effect does their disability have on their day-to-day life?

No effect

Some effect

Significant effect

I'd prefer not to answer

Location

Ashfield

Bassetlaw

Broxtowe

Gedling

Mansfield

Newark and Sherwood

Nottingham City Central:
Arboretum, Berridge, Dunkirk
& Lenton, Radford & Park and
Wollaton East & Lenton Abbey

Nottingham City Centre

Nottingham City North:
Bestwood, Bulwell, Bulwell Forest
and Sherwood

Nottingham City South:
St Ann's, Mapperley, Clifton,
Meadows and Sneinton
and Dales

Nottingham City West:
Aspley, Basford, Bilborough, Leen
Valley and Wollaton West

Rushcliffe

Employment Status

Employed full time

Employed part time

Unemployed but
looking for work

**Unemployed but not looking
for work as you are:**

Full time student

Carer

Other

Other

Individuals needs

With SEND/learning disabilities

With physical disabilities

Who are looked after (i.e. in care)

Who are care leavers

Referral agency information

Referral organisation

Referring Staff name

Role

Phone number

Email

CONSENT FORM - GENERAL DATA PROTECTION REGULATION (GDPR)



In accordance with its Privacy Notice, Nottingham Forest Community Trust is approaching you for your written consent to allow us to process your personal information for the specific purposes set out in this form.

1. THE INFORMATION WE ARE REQUESTING

We would like to collect personal information about your diversity.

2. WHY WE REQUIRE THIS INFORMATION

Nottingham Forest Community Trust is committed to developing positive policies to promote equal opportunities and prohibiting unlawful or unfair discrimination on the grounds of age, disability, gender reassignment, marital or civil partnership status, pregnancy or maternity, race, religion and belief, sex or sexual orientation.

3. HOW WILL WE USE THIS INFORMATION

The information you provide will allow us to implement specific programmes in order to address any under-represented groups within our workforce, potentially increasing the diversity of the Trust's staff in the future. The information you provide will be treated in confidence.

4. WHO WILL USE THIS INFORMATION

The Trust's HR Department will use the information in accordance with paragraphs 2 and 3 of this form and we will share your anonymised personal information in a report to the business on an annual basis.

We may also share your personal information where required by law, where it is necessary to administer the working relationship with you or where we have another legitimate interest in doing so.

5. RIGHT TO WITHDRAW CONSENT

You have the right to withdraw your consent provided under this form at any time. To withdraw your consent, please contact Chloe Bingham, Head of People & Safeguarding at chloe.bingham@nottinghamforest.co.uk. Once we have received notification that you have withdrawn your consent, we will no longer process your information for the purpose or purposes you originally agreed to, unless we have another legitimate basis for doing so in law.

I have read and understood the content of this form and I consent to Nottingham Forest Community Trust collecting, processing and transferring the personal information and for the specified purposes set out in this form.

Name

Signed

Date

Please send the completed referral form to arron.cuttriss@nottinghamforest.co.uk