

Evolution Referral Form

**Privacy Notice – Data Protection and Confidentiality Statement**

The information provided on this form will be used by Base 51 in a number of ways. Please read each section of this form carefully so that you understand what information and data we will store, and how this will be used. If you are not sure what things mean, please talk to a member of staff before completing this form who will explain it for you.

Base 51 is fully committed to protecting your data and complies with the General Data Protection Regulations (GDPR). This is a piece of legislation in place across the UK and Europe designed to make sure that the rights of the individual are protected, if you would like to know more about this please ask a member of staff.

We store data on secure systems and only authorised workers have access to look at this information.

As a charity, Base 51 has to create reports about how well we are meeting our aims and objectives and this is called “monitoring”. Any information we gather from this form to use for our monitoring reports is always anonymous. This means that any individual young person cannot be identified from these reports.

Any information provided on this form is confidential. This means that we will not give out information about the young person. It is important for you to understand that sometimes we might have to break this confidentiality. If we think that there is any risk of harm to the individual or to anyone else, we might have to tell other agencies (such as a parent/carer, the Police, Social Care or the Child and Adolescent Mental Health Service) to ensure the safety of the young person or other people. We have a legal obligation to do this (this means that the law says that there are certain things we have to do to keep people safe), but wherever possible we will talk to the young person about this first so that they know what information we are sharing.

**The young person has the right to ask us to stop using their data, and in some cases to have it deleted completely. If they would like to do this, they will need to talk to a member of staff who will provide them with more information.**

This form uses some words that you might not have heard before. Here is what we mean:

* Data – this is the piece of information you are providing. For example, your date of birth is one piece of data, and your address is another piece of data.
* Comply (or complies) – this means to follow all of the rules or laws that are in place
* Legislation – this is another name for a group of laws about a particular subject
* Monitoring – the reports and information that Base 51 create to show that the organisation is meeting its aims and objectives
* Anonymous – not identified by name or any other information that would make it clear who you are
* Processing – to use the data in any way, for example to add it to a system or to use it as part of a report
* Mandatory – this means that we must to have the information in order to carry out our work, or to provide you support
* Optional – this means you can choose whether or not you share this information

*This referral form has been created to assist with supporting young people. Please complete this form giving as much detail as possible and email back to* ***evolution@base51.org.uk****.*

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| **Section 1: Referral Details – this information is mandatory**  The information in this section will be used if we need to contact the person who made the referral to gather additional information. We will also use this in our anonymous monitoring reports. | |
| Are you making a referral for yourself or someone else? | I am a professional  I am a parent/carer  I am the young person being referred |
| Date of Referral | Click here to enter a date. |
| Name of Referring Agency / Organisation / Other (e.g. Parent/Carer) | *Leave blank if you are making the referral for yourself*  Click here to enter text. |
| Contact Address of referrer | *(if different from Young Person’s below)*  Click here to enter text. |
| Contact Number(s) of referrer | *(if different from Young Person’s below)*  Click here to enter text. |

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| **Section 2: Name and Age – this information is mandatory**  The information in this section is used so that we can work with you in a productive way, and make sure that you are in the right age range to access our service. | | | | | | |
| Name of person being referred | Click here to enter text. | | | | | |
| Date of Birth | Click here to enter text. | | | Age Click here to enter text. | | |
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| **Section 3: Contact Details – this information is mandatory**  We will use your contact details to arrange appointments and communicate with you throughout your time in the Base 51 Counselling Service. We also use your postcode to check that you live in an area of Nottingham/Nottinghamshire that we are funded to work with. The area of Nottingham that you live in will also be used in our anonymous monitoring information. | | | | | | |
| Address | Click here to enter text. | | Post Code | | Click here to enter text. | |
| Contact Number(s) | Click here to enter text. | | Email | | Click here to enter text. | |
| Comments on Preferred Communication Method | *We understand that you might not, for example, want us to post letters to your home address. Please explain anything like this here.*  Click here to enter text. | | | | | |
| Living in Temporary Accommodation | Yes  No | Expected end date of Temporary Accommodation | | | | Click here to enter text. |

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| **Section 4: Emergency Contact Details – this information is mandatory**  We need to have someone to contact in the case of an emergency – this is to keep you safe. If you are under 18 this must be a parent or carer. | | | | | | | |
| Emergency Contact Name and Relationship to Young Person | Click here to enter text. | | | Emergency Contact Number | | Click here to enter text. | |
| Sometimes, it is helpful to have someone else to contact when we are trying to make an appointment to see you, or to inform you about changes to an appointment (for example if your counsellor was ill and we had to cancel the session).  Can we use your emergency contact to as another way to communicate with you? | | | | | | | |
| Yes – I give my permission for you to use my emergency contact details for general communications  No – these contact details should be used in the case of an emergency use only | | | | | | | |
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| **Section 5: Sensitive Personal Data – this information is optional**  The following questions are used in our anonymous monitoring reports. This information is very useful in making sure that Base 51 is creating equal opportunities for all, as well as helping us to understand who is accessing our service.  This information will not be used to influence the way we work with you directly, and will not impact whether or not you can access Base 51’s Counselling Service. If the reason you are accessing counselling is related to your gender, sexuality or ethnicity, you can explain this in your reason for referral where it can then be taken into consideration by the counselling team.  We need your explicit consent to process and store this data. This means you have to provide your clear permission. **You do not have to answer any of these questions if you do not want to, and if you choose not to it will not be held against you in any way.** | | | | | | | |
| Gender | Click here to enter text. | Sexuality | Click here to enter text. | | Ethnicity | | Click here to enter text. |
| I provide my consent for this data to be processed | | | | | | | |

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| **Section 6: medical information** **– this information is mandatory** | |
| GP Surgery |  |
| Medical history (include any diagnosed medical or mental health issues that may impact your ability to access support) |  |
| Medication |  |
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| **Section 7: Service criteria**  Evolution plus is a specialist trauma service for young people aged 10-24 years old who have been affected by violence, either as a victim, witness or perpetrator. Please give a brief overview of how you meet this criteria and your reason for referral at this time. | |
| Click here to enter text. | |

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| **Section 8 – Additional Agency Involvement/Therapeutic Relationships**  This information is useful for the assessment team as it helps to build a picture of any other support or services you are currently accessing. With your consent, may contact these agencies to discuss your referral and find out more about you.  We will only contact these agencies if you make it clear that you are happy for us to do this by ticking the box next to their information. **You do not have to give us permission to contact these organisations if you do not want to, and if you choose not to it will not be held against you in any way.** | | | |
| Please indicate any agency involvement (e.g. School, Social Services, Youth Offending Team etc.)  Including any current counselling/therapy relationships. | | | |
| Agency/Organisation | Contact Name | Contact Number | I consent to Base 51 making contact |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No |

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| **Section 8 – Additional Agency Involvement/Therapeutic Relationships**  This information is useful for the assessment team as it helps to build a picture of any other support or services you are currently accessing. With your consent, may contact these agencies to discuss your referral and find out more about you.  We will only contact these agencies if you make it clear that you are happy for us to do this by ticking the box next to their information. **You do not have to give us permission to contact these organisations if you do not want to, and if you choose not to it will not be held against you in any way.** | | | |
| Please indicate any agency involvement (e.g. School, Social Services, Youth Offending Team etc.)  Including any current counselling/therapy relationships. | | | |
| Agency/Organisation | Contact Name | Contact Number | I consent to Base 51 making contact |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No |

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| **Section 9: Other therapeutic / counselling support**  This information is useful for the assessment team as it helps to build a picture of any other support or services you are currently accessing. Leave this section blank if it does not apply to you. | | | | | |
|  | Used in the past | Currently involved with | Referral made and waiting to hear back | Assessment held or booked (please provide date) | Result of assessment or next steps, if known |
| Nottingham Community Paediatric Service |  |  |  |  |  |
| Children & Young People’s Behavioural & Emotional Health Team |  |  |  |  |  |
| KOOTH |  |  |  |  |  |
| Targeted CAMHS |  |  |  |  |  |
| SHARP (Self-Harm Awareness & Resource Project) |  |  |  |  |  |
| CAMHS Self-Harm Team |  |  |  |  |  |
| CAMHS Crisis Team |  |  |  |  |  |
| Let's Talk Wellbeing |  |  |  |  |  |
| Insight |  |  |  |  |  |
| Trent PTS |  |  |  |  |  |
| Community Mental Health Team |  |  |  |  |  |
| Crisis Resolution & Home Treatment Team (CRHT) |  |  |  |  |  |

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| **Section 10: About the young person’s needs**  The information in this section is used so that we can work with you in a productive way. By explaining why you want to access counselling we can make sure that we are the right type of support that you need. We will also use this information to establish whether you are at immediate risk and need to be contacted quickly. |
| **Reason For Referral/Presenting Issues**  **Please provide a brief outline of how you/ the client has been affected by serious violence and when this was:** |
| Click here to enter text. |
| **Young Person’s Aims For Counselling?** |
| Click here to enter text. |

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| **Section 8: About the young person’s needs**  The information in this section is used so that we can work with you in a productive way. By explaining why you want to access services/counselling we can make sure that we are the right type of support that you need. We will also use this information to establish whether you are at immediate risk need to be contacted urgently. |
| Does the young person have any issues around: (Please tick)  Risk of Self Harm or Suicide? Yes ☐ No ☐  Mental Health ☐ Substance Misuse ☐ Domestic Violence ☐  Sexual Exploitation ☐ Self Harm ☐ Other (Please detail)  Would you like to access support for issues highlighted: Yes ☐ No ☐ |

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| **If you are at risk of seriously harming yourself or you think the person you are completing this referral about is at serious risk of harm please seek help immediately.**  **Contact your Doctor/G.P; Child and Adolescent Mental Health Services (CAMHS) Parents Helpline - 0808 802 5544; Childline - 0800 1111; Samaritans - 116 123**  **We do not want you to be kept waiting if you need help immediately.** | | |
| Please select from the options below to indicate the way(s) you would be comfortable completing an initial assessment appointment: | | |
| In Person at Base 51 | Telephone | Zoom/Teams (video conference) |

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| By signing this form you are accepting that you understand how we will use the data you have provided. If you are not sure about any part of this form, please talk to a member of staff before signing the form. Entering your name in the box will be accepted as an electronic signature | | | | | |
| Signed | Click here to enter text. | Print | Click here to enter text. | Date | Click here to enter a date. |

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| **OFFICE USE ONLY**  This information is completed by the person who receives the form, and is required to ensure that our processes are working effectively. It also ensures that anyone with an identifiable risk is contacted as soon as possible and given further advice. |
| Date Received:  Post  Email  In person  Other  Name of staff:  Risk of Self Harm or Suicide? Yes  No  If yes, provide details of action taken  Date Processed: |

**Please return this form by email to** [**evolution@base51.org.uk**](mailto:evolution@base51.org.uk)**,**

**or by post to**

**Base 51**

**NGY Myplace,**

**29-31 Castle Gate,**

**Nottingham,**

**NG1 7AR**