**Your Time Education Referral**

|  |  |
| --- | --- |
| **School Name** | Click or tap here to enter text. |
| **School Address** | Click or tap here to enter text. |
| **School Contact** | Click or tap here to enter text. |
| **Position / Role** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Have you discussed the referral with the young person ?** Choose an item.

**Does the Parent/Legal Guardian consent to this referral?** Choose an item.

**Young Persons Information**

|  |  |
| --- | --- |
| **First Name** | Click or tap here to enter text. |
| **Preferred Name** | Click or tap here to enter text. |
| **Surname** | Click or tap here to enter text. |
| **Date of birth** | Click or tap to enter a date. |
| **Year Group** | Click or tap here to enter text. |
| **Gender** | Choose an item. |
| Click or tap here to enter text. |
| **Pronouns** | Click or tap here to enter text. |

**Does the young person have any disabilities?** Choose an item.

**If yes, please detail any disabilities/additional Support needs that you are aware that this young person has, whether diagnosed or not :**

Click or tap here to enter text.

**Please tick all that apply to this young person:**

EHP  EHCP  Special Education Needs  CLA  CPP CIN  Targeted Early Help  EHA

ILP  PEP  Behaviour Plan

**Home / Placement Address:**

|  |  |
| --- | --- |
| What type of placement is this? | Choose an item. |
| House name/number and street | Click or tap here to enter text. |
| District/Area | Click or tap here to enter text. |
| Town/City | Click or tap here to enter text. |
| Post code | Click or tap here to enter text. |

**Parent / carer information:**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Relationship to young person | Choose an item. If other type here:Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Supporting Information for Referral**

**Social Worker Details** (If young person has one allocated)

|  |  |
| --- | --- |
| Social workers Name | Click or tap here to enter text. |
| Telephone Number(s) | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

|  |
| --- |
| **Reason for attending Your Time (BLGC)**  Click or tap here to enter text. |
| **How many Days required ?** |
| **Please tick preferred days –  Monday  Tuesday  Wednesday Thursday Friday** |

**Consent & Storing data**

|  |
| --- |
| **The below details must be completed by the person with parental responsibility.** |
| Personal and Sensitive Data  By referring this young person, you confirm, and can demonstrate on request, that you have gained explicit consent from the parent / carer to provide the Bolton Lads & Girls Club with certain personal and sensitive information, which we will process in accordance with all applicable data protection laws to provide them or you with services and carry out administration in relation to the referral:   * Communicate with you, the young person, and/or the parent/guardian about the referral * Provide information about the referral to Bolton Lads & Girls Club (registered charity number 1051292), our suppliers, funders, and/or sponsors, as required for the purposes of the development, co-ordination and support of Bolton Lads & Girls Club   Where there is a need to protect or support a young person, we may also share personal information with relevant agencies as required by law. For further information about how we process personal information, and your rights, please read our Privacy Policy. This can be obtained from any of our sites or online @ <https://boltonladsandgirlsclub.co.uk/privacy-policy/>. |
| Your name:Click or tap here to enter text. Signature:Click or tap here to enter text.  How was Consent Given: Choose an item.  Date:Click or tap to enter a date. |

**What happens next?**

*Email to* [*education@blgc.co.uk*](mailto:education@blgc.co.uk) *and one of our team will be in contact with you to discuss the referral.*