# **A picture containing text, clipart Description automatically generatedRutland Teen Health – referral form**

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| **Section 1: Referrer details and consent** | | | | | | | | |
| Referral date: | | | | | | | | |
| Is this a self-referral? *(if yes please go to section 2)* | | | | Yes | | No | | |
| Referrer: | | | | Role: | | | | |
| Contact Email: | | | | Phone number: | | | | |
| Has this referral been discussed with the young person, and have they agreed to the referral being made? Yes  No | | | | Under 13’s Parent/carer consent given by: (name) | | | | |
| **Section 2: Young Persons details** | | | | | | | | |
| Young Person’s name (Please print) |  | | | **EHCP**  Yes  No | | **SEND** | | **Young Carer**  Yes  No |
| Preferred name |  | | | Gender | |  | | |
| Date of birth |  | | | First language | |  | | |
| Ethnic Origin |  | | | Contact Number | |  | | |
| School |  | | | Year Group | |  | | |
| Home Address |  | | | GP | |  | | |
| **Section 3: Parent/carers details** | | | | | | | | |
| Name: | | | | | | | | |
| Parent or carer phone number: | | | | | | | | |
| Contact email: | | | | | | | | |
| Family Address: (If different from the child’s address) | | | | | | | | |
| Parent/Carer Consent (if under 13 years of age) | | Full Name |  | | Signature | |  | |
| **Section 4: Support requested:** | | | | | | | | |
| **Please summarise support requested using the examples areas.***How is this affecting this young person, day to day?* | | | | | | *Below are examples of the areas covered through the service:*  Please tick the relevant box  **Support to improve mental health and emotional wellbeing:** Self-esteem, Body image, Building resilience, Sleep issues, School Transitions **Supporting Healthy Relationships:** Building positive & healthy relationships **Supporting healthier lifestyles:**  Educate on substance misuse such as smoking cessation. Improve self-care, understanding risk taking behaviours. | | |

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| ***To be completed by the young person.* Please read the data statement below (section 5), if you are happy to proceed, please sign and date to confirm that you consent to your data being processed as described. (Consent needs to be gained before the referral is submitted).** | |
| Print Name |  |
| Signature |  |
| Date |  |
| **Section 5: Using Your Personal data** | |
| We need to collect the information in this form and your information will be used so that we can understand what help you may need. If we cannot cover all of your needs, we may need to share the information in this form with other services so that they can help us provide the support you need. If this is the case we will share the information in this form with the Early Help Team in Rutland County Council to help us decide how best services can work together with you and your family (if appropriate) to ensure that your needs are met. If we need to share information with any other service(s) later to offer you more help we will ask you about this before we do.  In order to comply with the Data Protection Act and the General Data Protection Regulation (GDPR), which comes into effect in May 2018, we have to provide you with information about the personal data you give to us. This information is set out below:  Rutland County Council is the data controller for the personal information you may provide. You can contact us by phone on 01572 722577, via email to dataprotection@rutland.gov.uk or by writing to us at Data Protection, Catmose House, Oakham, Rutland. LE15 6HP  Your personal data may be shared with other teams within the council in order to provide a service to you, to ensure our records are kept up to date or otherwise where we are required to do so under other legislation. We may pass your information to other agencies or organisations as allowed; for example for the purpose of The Troubled Families programme, or required by law, for example: to enable them to carry out their statutory duties, where it is necessary to prevent harm to yourself or other individuals, to help with the prevention of fraud and we will only share the minimum and relevant information required. We will not sell your data or use it for marketing purposes without your consent. Further information on how we may use your data can be found at https://www.rutland.gov.uk/my-council/data-protection/privacy-notices/childrens-social-care/  We will keep your data for 10 years from the date that your case is closed. This is in accordance with common practise and current legislation.  You have the following rights under the GDPR. Please note not all of these rights apply to all processing. Further details on each right can be found on our website (<https://www.rutland.gov.uk>)  The right to be informed.  The right of access.  The right to rectification  The right to erasure  The right to restrict processing  The right to data portability  The right to object  Rights related to automated decision making, including profiling’  If you are not happy with the way the council is handling your personal information you have the right to lodge a complaint with the Information Commissioner’s Office. Information will be treated confidentially and will be used to understand the needs of the young person – this will involve checking our records to see if we are already working with the family. | |
| **Please send completed referrals to** [**EarlyHelp@rutland.gov.uk**](mailto:EarlyHelp@rutland.gov.uk) | |