

For Office Use:

Date Received
Added to Minder
Allocated to

Young People in Mind support young people aged between 14-25 who are struggling with their emotional health and wellbeing.

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth Age
Address	Telephone / Mobile	
Postcode	Can a voicemail be left? Yes <input type="checkbox"/> No <input type="checkbox"/> Can a message be left with parent/guardian etc. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email	Ethnicity	
Preferred method of contact Text <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/>	Please contact Young Person <input type="checkbox"/> Referrer <input type="checkbox"/> for an initial appointment	

Unfortunately, Young People in Mind cannot accept referrals if:

- the young person regularly uses life threatening behaviours
- the young person has a developmental delay/disorder, learning difficulty, ADD/ADHD, Autistic Spectrum Disorder (including Aspergers)

Support requested (If known) please tick all that apply

- | | |
|---|---|
| <input type="checkbox"/> Anxiety
<input type="checkbox"/> Low Mood
<input type="checkbox"/> Self Harm
<input type="checkbox"/> Suicidal thoughts
<input type="checkbox"/> Sleep difficulties
<input type="checkbox"/> Confidence and self esteem | <input type="checkbox"/> Emotional difficulties around Food/Body Image
<input type="checkbox"/> Coping with difficult relationships (home/education/work)
<input type="checkbox"/> Managing anger
<input type="checkbox"/> Coping with traumatic events
<input type="checkbox"/> Other – please give details in the other information box |
|---|---|

Or

Transition Service (for young people aged 17-25 discharged from community mental health services: to support an individual in his/her next step to access services and information including education, getting ready to volunteer/work, access to wellbeing workshops, housing & benefit support and physical and group activities)

Referrer details

Name	Organisation	Role
Telephone / Mobile	Email (if you are happy for us to email client information)	

Please sign and date _____
Referred person

_____ Date

_____ Referrer

_____ Date

PLEASE COMPLETE PAGE 2 OVERLEAF

Name of GP Surgery: Phone number of Surgery: Name of GP:	If you are Self Referring did your GP ask you to refer to us? YES NO <input type="checkbox"/> <input type="checkbox"/>
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Please provide as much information about your current situation so we can offer you the most appropriate support:

Risk Assessment and relevant information

Is there a history of any of the following risks – please tick all that apply	Yes	No
Risk of violence / aggression		
Damage to property		
Risk to children		
Use of illegal substances		
Use of alcohol to excess		
Inappropriate sexual behaviour		
Other		

If you have answered yes to any above, please give further details including how current the risk is

Please note:
Incomplete referrals will be returned as we require all information before accepting the referral.
A referral may be redirected to our adult services if we feel their services are more appropriate.

Please return form to: **Young People in Mind Referrals**
 Great Yarmouth & Waveney Mind
 28-31 Deneside
Great Yarmouth NR30 3AX Tel 01493 842129 Email reception@gywmind.org.uk

Data Protection: Referral Consent Form

Permission to store and process your data:

To help with your referral and any support you receive from Great Yarmouth & Waveney Mind we will need to record your details. These will include personal and sensitive data. (Personal data is information that can be used to identify you for example: your name, DOB, address etc. Sensitive data is information related for example to health, racial or ethnic origin)

To comply with Data Protection we must ask your permission to store and process your personal and sensitive data for this process. Your data will be stored on a cloud based electronic database accessed by employees of Great Yarmouth & Waveney Mind. Paper copies of your data may also be stored securely and accessed by employees of Great Yarmouth & Waveney Mind. Your data will continue to be stored for 3 years from the date you leave our service.

Overleaf are some key statements about our Data Protection and Privacy Policy please read them before you give your consent.

I give my consent for Great Yarmouth & Waveney Mind to record and process personal data about myself.

Name			
Signature		Date	

I give my consent for Great Yarmouth & Waveney Mind to record and process sensitive data about myself.

Name			
Signature		Date	

How will my data be used?

Your data will be used for the purpose of providing you with an information, advice and support service. We will also use anonymised sensitive/personal data for the purposes of statistical monitoring. (Anonymised data means we won't use data that can identify an individual).

Can I withhold my consent?

You can withhold your consent but Great Yarmouth & Waveney Mind will not be able to provide you with an information, advice and support service which includes provision of paper and electronic information and events.

Who will you share my data with and why?

Your information is confidential within Great Yarmouth & Waveney Mind and not solely with an individual Support Worker.

You may ask us to contact external agencies on your behalf, if this occurs we will obtain separate consent from you.

We will only ever share your information with your permission (unless required to do so by law).

My rights under Data Protection

You have the right to:

- Ask for access to your personal data (this is known as Subject Access Request)
- The right to correct any inaccuracies (this is known as Request for Rectification)
- The right to deletion of personal data in some circumstances (this is known as Erasure)
- To withdraw your consent at any time (this is known as Request to Withdraw Consent)
- The right to transfer data we hold to another organisation (this is known as Request to Transfer Data)
- The right to object to data being held (direct marketing only) (this is known as Request to Object)

To make a request under these rights you can write to us at Great Yarmouth and Waveney Mind, 28-31 Deneside, Great Yarmouth, Norfolk, NR30 3AX, addressing your correspondence to the CEO, or you can download the relevant forms from our website at www.gywmind.org.uk (under reports and policies.)

If you have concerns about the way we handle your personal data please write to us at CEO, Great Yarmouth and Waveney Mind, 28-31 Deneside, Great Yarmouth, Norfolk, NR30 3AX. If you still feel we haven't dealt with them properly, you can contact the Information Commissioner's Office on *0303 123 1113* or raise a complaint at www.ico.org.uk/concerns

You'll find more information on Great Yarmouth & Waveney Mind's full Data Protection and Privacy Statement at www.gywmind.org.uk (under reports and policies.)