

# EVERYTHING HUMAN RIGHTS Referral Form



Personal Information			
Full Name		Date of Birth	Gender
Nationality		Ethnicity	
Languages Spoken		Religion	
Address (incl. Postcode)	Consent to use this info to contact participant? Y N		
Mobile	Consent to use this info to contact participant? Y N		
Email	Consent to use this info to contact participant? Y N		
If under 18 years of age does parent/ guardian know of this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Referrer Details			
Full Name	Agency & Role	Tel No.	Email

## Referral Source: Please ensure ONE of these is ticked

Self-referral       website       Outreach       Relative   
 School       College       Employer       Friend   
 GP       Religious organization       Children & Family Services

Other .....

Risks & vulnerabilities (Y/N)			
Risk assessment completed		Physical health	Mental health
Risk to children		Participant suitable for groupwork with vulnerable adults	No known risk
Other			
Where you Need Help and Support (tick all that applies)			
Personal Development		Homework Club	Social Activities (social interaction)
Careers Advice		CV Surgery	IT Skills
Sign posting to Other Service Providers		Understanding UK life, rights and responsibilities.	Community contribution and Citizenship

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**For all under 18s, Please ensure parents/guardians are fully aware of support and have consented to referral before submission**

Referrer:	
Parent/Carer/ Guardian:	
Parent/Carer/ Guardian	
Dated:	

**Information Sharing Consent**

"I freely, and without coercion, agree to relevant personal information being shared with involved agencies. I am fully aware of why my personal information is being shared and what that means to myself and my family. I understand I can discuss any future changes with my worker at any time. Reasons I do not consent to my personal information being shared are stated below."

Signed:

Dated:

If not, please state why?

<b>Office Use:</b>	<b>Checklist</b>	
Services explained		Comments On Pathway :
Referral completed with parents where applicable		
Individual Learning Plan in Place		

**Declaration**

**Do you consent to being contacted by Everything Human Rights as part of evaluation for participating on the Achieving Everything Together Project**

<i>Yes – by email</i>	<i>Yes – by telephone</i>	<i>No</i>
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