

**Personal information and data statement**

**How does Caring in Bristol’s service Project Z look after my personal and sensitive information?**

When we receive referrals and when we agree to work with you, we collect personal and sensitive data about you (for example, name, age and address). You have a right to know what personal information we hold about you, how we use it and who it is shared with.

**At Project Z we ask for various pieces of information in order to:**

* Help assess whether you’re suitable for our projects.
* Ensure it is safe for you, and for any volunteers and staff working with you.
* Monitor trends about who uses our projects. This is to help us improve the service and know more about who we help.

We store all this information on our secure databases. You can find out more about how we use and store your data by speaking with a member of the team or by viewing the Caring in Bristol privacy policy [Caring-in-Bristols-Privacy-Notice-Dec-2018.pdf (caringinbristol.co.uk)](https://caringinbristol.co.uk/wp-content/uploads/2018/12/Caring-in-Bristols-Privacy-Notice-Dec-2018.pdf).

**When will Project Z share my personal data?**

In order to support you we may need to share some information about you with external organisations. We will keep information you give us confidential unless you give us permission to share it or there is another lawful reason for sharing information (see below).

Sometimes we may want to contact other people, services or organisations that you are involved with to share or find out information about you and your situation. For example; a support service, your social worker or your place of education. We will tell you who we may be sharing information with and the reasons for doing this. We will ask for your consent before we talk to anyone about you and it will only be related to the issue in which you’ve come to us for support with.

**What if I tell you something about harming myself or other people at risk?**

In certain circumstances, there may be occasions where it’s necessary to share information without your consent if we think that you or someone else is at risk of significant harm. If it safe to do so, we will try to tell you if we need to break our confidentiality agreement with you.

**Can I access my personal data?**

You have a right to see the personal data we keep about you and you can ask us to see it. We will share data you are entitled to see within one month. You can request it by filling in this form [CiB-Subject-Access-Request-Form.pdf (caringinbristol.co.uk)](http://caringinbristol.co.uk/wp-content/uploads/2018/05/CiB-Subject-Access-Request-Form.pdf).

**Written Consent**

By signing this, I authorise Project Z to take up enquiries, receive information and act on my behalf. I am also consenting that I have understood the above information with regards to data storage and the use of my personal information.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 **Project Z Floating Support & Group session referral form**

This referral form is not intended to act as a barrier to young people accessing our services. It is simply to provide us with as much information as possible so that we understand what they would like to gain from Project Z and assists us to plan how we will effectively manage any difficulties identified, in a safe and holistic. By completing this form in full, you help ensure we do not place the individual at harm and place unnecessary expectations upon them.

Please complete the below to the best of your knowledge and in full, if there is anything you do not know then please state this in the appropriate section.

**Please Note:** If you are referring the person for group sessions, you are **not** required to complete all parts of this form, those we **do** require you to complete will be marked by a \*.

Bristol Youth Goods Sessions **does not** require a referral form to be completed and young people are welcome to drop in.

**We hold our allocations meetings every Tuesday. Please send your completed referral to** **CIBprojects@protonmail.com** **or call us if you have any queries 0117 924 4444**

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| **Referrer info** |
| **Date of Referral** |  |
| **Name of referring agency**  |  |
| **Name of person completing form** |  |
| **Contact Number** |  |
| **Contact Email** |  |

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| Contact details for the young person |
| **Full name of young person****Also preferred name and use.****\*** |  |
| **Date of Birth: \*** |  |
| **National Insurance Number: \*** |  |
| **What gender does the person identify as and what are their preferred pronouns, if any. \*** | **This helps us address the individual in a respectful way** |
| **Primary carer (IF UNDER 18) \*** | **Name:** | **Relationship to young person:** | **Contact details:** |
| **Contact details for the young person? \*** | **Phone:** **Address:****Email:**  |
| **Who should we contact in case of an emergency? \*** |  | **What is their relationship to the young person?**  |  |

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| **Reason for referral** |
| **Has the referral been discussed with the young person? \*****How do they feel about it?** | We work to a Strengths based model, what the young person wants and feels is paramount to us. |
| **What is their current housing situation?****What is the person’s financial situation?**  | Are they insecurely housed i.e sofa surfing, rough sleeping or a van dweller or are they having difficulties maintaining their tenancy/licence either private or supported?Are they in receipt of Universal credit, working F/T/P/T and in receipt of wages. |
| **What is the reason for the referral? \*****Has the person identified any goals they would like to work towards?** | housing issues, confidence building, emotional support, benefits, signposting, advocacy, group sessions? |
| **What type of support does the person already have in place & how could our services compliment this?**  |  i.e. Counsellor, family, friends, groups, online |

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| **Needs and Wellbeing information.** |
| **Does the person have a preferred language they use? If so, what is this. \*** |  |
| **Do they feel they require an interpreter? What language/s should we request \*** |  |
| **Should we be aware of any speech or communication difficulties that the person maybe experiencing?**  | Prefer in person contact, via WhatsApp or telephone. |
| **Can we make any adjustments to accommodate the person if they are experiencing mobility difficulties? \*** | We are not yet equipped to offer appointments in the office for a person who may require wheelchair access however, we would meet the person in a location that was suitable for them. |
| **Would the person like to access Education, Employment or Training? If yes, have they identified what they would like to do? Would they be interested in group work \*****If the person is already accessing Education, Employment or Training could they provide more detail about this.** | Any plans already in place, anyone assisting with this, what type of group sessions would they like to attend. |
| **Has the person in the past or are they currently experiencing any emotional, physical or have a mental health difficulty.****If referring for groups is there anything we need to be aware of? \*** | Do they have a GP, anything they do to self soothe, what works for them, who else supports them with this i.e., GP, friends or family?  |
| **Has the person ever used self-injury as a coping mechanism?****Has the person ever considered taking their own life?** **How do they feel today?** | How do they look after themselves i.e drawing, music, walkingPlease provide as much detail as the person feels comfortable with. Are there any known triggers that we need to be aware of |
| **Has the person ever experienced the need to protect themselves, which resulted in violence? \*****Was this need recently or in the past?** **Has the person been involved with the police for anything else that resulted them in receiving a criminal conviction or caution?** **Is there anything that prevents the person from being able to be around children and adults with vulnerabilities.** | Did this result in criminal proceedings, have they experienced prison or are they working with probation services. |
| **Has the person ever encountered violence against them? Are they a risk of harm now?****If the person would prefer not to comment, we are happy for this to be left blank** | Do they experience any triggers, who did it involve, what helps them to feel safe and secure? |
| **Does the person consider themselves survivor of sexual, physical or emotional harm? Are they at risk of harm now?****If the person would prefer not to comment, we are happy for this to be left blank** | Do they experience any triggers, who did it involve, what helps them to feel safe and secure? |
| **Do you or does the person feel they have been exposed to any kind of exploitation? (sexual, physical, financial)****Do you or they feel they may have experienced this in the past?** | i.e., county lines, been radicalised, been given things and then asked to do things they didn’t want to do |
| **Does the person feel they currently or have they in the past experienced any substance use difficulties?**  | What have they had difficulties with? Any help from others? Would they like help with this?  |
| **Does the person have any allergies: \*** |  |
| **Is the person taking any medication? If so, please provide details: \*** |  |
| **Can you or the person Identify what their immigration status is?** **Please provide details:** | Are they an asylum seeker, have settled status, refugee, uk national or other |

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| **Demographic info (this section is completely optional)** |
| **What is their sexuality?**  | **Lesbian/Gay  Heterosexual Bisexual** **Other  Don't wish to state** |
| **What is their ethnicity?** |  |
| **What is their religion?** | **Christian  Muslim  Jewish  Hindu  Atheist  Sikh  Buddhist  None** **Other  Don't wish to state**  |
| **What is their nationality?**  |  |

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| **Signed by Referring partner:** |  | Date: |
| **Signed by person being referred:**  |  | Date: |

**Please email completed referral forms to:** **CIBprojects@protonmail.com** **If you wish to discuss a referral or have any queries then you can call the main Caring in Bristol office and ask to speak to a member of the Project Z team on: 0117 924 4444**