**REFERRAL FORM  
Application for Support: Blossom Project**

**Blossom Project** provides engagement & targeted support (short, medium and long term) for young women aged **13-24** years who are at risk of poor outcomes due to a range of vulnerabilities and complex needs.

**Blossom Additional Needs Service** provides the same support as above for young women with any additional need (such as a learning disability, physical disability) aged **16-25** years.

**The Blossom YEI (Youth Employment Initiative) Programme** provides support to help young women aged **16-25** move towards/into education, training or employment.

Please select one service area the young woman you are referring requires and then select what duration of support is required.

Blossom Project   Blossom Additional Needs Service  Blossom YEI programme

Short-term support  Medium-term support  Long-term support

Specific targeted piece of work to address multiple issues and needs. Support ranging from 3 to 6 months.

Specific targeted piece of work to address a single need. Support ranging from 0 – 3 months.

Long term support to address complex and multiple needs. Support ranging from 6 months+.

**Referrer Details**

Referring Agency: Date of Referral:

Agency Address:

Telephone: E-mail:

Name of Person Making Referral:

**Client Details**

Name: Date of Birth: \_\_\_/\_\_\_/\_\_

Address: Post Code:

Telephone:

Ethnic Origin: Male/Female

Child Care Responsibility: Y / N If Yes, number of children & ages:

Next of Kin: Emergency Contact Number:

Social care status:

Has the young person got a CAF? Y / N If yes, who is there key worker?

**Background Information**

Please give reason/s for the referral and be specific about what support is required:

**Blossom Additional Needs Service only:**

Does the client have a disability/ learning disability or learning difficulty? Please provide details:

Does the client have any additional needs that may not have been assessed?

Are you aware of any support the client has in place to support them with their disability/ learning disability/ learning difficulty or additional needs?

How do you feel we can best support the client with their disability/learning disability/ learning difficulty/additional needs to access support at Blossom?

**Lifestyle Issues**

Please state details of the client’s drug and alcohol use

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug / Alcohol** | **How Used** | **How Often** | **How Much** | **How Long Using** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please state if the client has experienced the following by ticking:  
C = ‘currently experiencing’ or P = ‘previously experienced’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lifestyle** | **C** | **P** | **Lifestyle** | **C** | **P** |
| Housing / Homelessness |  |  | Domestic abuse |  |  |
| Substance misuse |  |  | Offending/anti-social behaviour/criminal exploitation |  |  |
| Poverty / benefit / debt issues |  |  | Mental health/emotional well-being |  |  |
| Leaving care/family relationship breakdown |  |  | Child sexual exploitation / grooming |  |  |
| Not in education, employment or training |  |  | Sexual exploitation |  |  |

Please tick which are relevant to the client:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Lives in Priority Area |  | Looked After Child |  |
| Social Services Involvement |  | Care Leaver |  |
| Low Self Esteem / Confidence |  | Low Aspirations |  |
| Negative Peer Group |  | Parental Drug / Alcohol Use |  |
| Care Giver |  | Pregnant |  |
| History of Offending |  | Aggressive Behaviour |  |
| Not in Work / Education |  | Behavioural Problems |  |

**Please provide details of client’s offending and/or behaviour:  
(including details of offence, dates, patterns of behaviour)**

|  |  |
| --- | --- |
| **History of Offending:** | **Aggressive Behaviour:** |

**Please list agencies involved with the client:**

**E.g. Probation Officer, Social Worker, Drug/alcohol service**

|  |  |  |
| --- | --- | --- |
| **Agency** | **Name of Contact** | **Agency Details** |
|  |  |  |
|  |  | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. |

**Any additional comments which may help with the referral?**

Please include description of risk indicators & whether these are recent or historical

**To Be Signed By The Applicant – please note we must have the clients consent to make contact with them. Where the client is under 16 we must have consent from their parent/legal guardian:**

We may need to contact other agencies for information so we can process your application. This could include other agencies, the probation service or the social care department. The applicant agrees to this by signing the statements here.

1. **I (the applicant) hereby give my authority for any relevant agency to disclose information for the purpose of dealing with my application. I understand that this information is to be solely used in relation to my application and will not be disclosed to any other persons without my permission.**
2. **The details I have given in this application are true and correct. I understand that if I have knowingly or recklessly given any false information or withheld information about my application, it may delay the referral process.**

**Signed:**

**Name:**

**Date:**

**To Be Signed On Behalf Of The Referring Agency:**

By signing this form you are declaring all the information you have provided on it is accurate to the best of your knowledge. If inaccurate or incomplete information is provided it may result in your client losing any subsequent support we offer. This application form will be kept on the service users file, to which the service user will have access. Any information you wish to be kept confidential must be recorded as **“confidential third party information only”**

**Signed:**

**Name:**

**Agency:**

**Date:**

**/\*-**

**For Completion By A Way Out**

Date Referral Received: \_\_\_\_\_\_\_\_\_\_\_\_

Designated Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We will aim to process your referral and contact you within 5 working days, following receipt. Completed forms should be emailed back to** [charlotte.gibbons@awayout.co.uk](mailto:charlotte.gibbons@awayout.co.uk)

**A Way Out**

**Equal Opportunities Monitoring Form**

A Way Out is committed to making sure everyone has equal access to our services. We would like you to answer some questions to help us make sure that our services are accessible to all. The information that you provide will help us identify the impact on different sections of the community and will help us to shape and develop our services to meet the needs of all of the people who come to A Way Out.

Answering the questions is voluntary and you do not have to answer any questions you feel uncomfortable with. Please circle your answers below

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender**  Male  Female  Prefer not to say |  | **Sexual Orientation**  Heterosexual  Homosexual  Bisexual  Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Faith/Religion**  Christian  Muslim  Jewish  Hindu  Buddhist  Sikh  Other  No Religion  Prefer not to Say |  | **Disability/Long Term Health Problem**  **Do you have a disability or long term**  **Health problem?**  No  Yes  **If yes please specify**  Visual Impairment  Hearing Impairment  Learning Disability  Physical Disability  Mental Illness  Long Term Illness  Other Long Term Health Problem  Prefer not to Say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Age**  Under 16  16 – 24  25 – 34  35 – 44  45 – 54  55 – 64  65 – 74  75 – 84  85+  Prefer not to Say |  | **Ethnicity**  **Ethnic origin is not about nationality, Place of birth or citizenship. It is about the group which you perceive you belong to.**  **White**  English  British  Welsh  Scottish  Northern Irish  Irish  Gypsy or Irish Traveller  Prefer not to Say  **Mixed/Multiple Ethnic Groups**  White and Black Caribbean  White and Black African  White and Asian  Prefer not to Say  Any Other Mixed background  **Asian/Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say  Any Other Asian Background  **Black/African/Caribbean/Black British**  African  Caribbean  Prefer not to Say  Any Other Black/African/Caribbean  Background  **Other Ethnic Group**  Arab  Prefer not to Say  Any Other Ethnic Group |  |

**Privacy Notice for Clients**

**How to contact us:**

You can email us at info@awayout.co.uk or sent to: The General Manager, A Way Out, 1-2 Castlegate Quay, The Riverside, Stockton on Tees, TS18 1BZ. If you would like to speak to someone, please call us on 01642 655071.

**What we collect:**

We may collect some or all of the following information:

* name and title
* contact information including email address
* demographic information such as postcode, preferences and interests
* Other information relevant to our work and projects

**Why we collect information about you:**

If anyone can be identified by any information that we collect, this information is called ‘personal data’. Data protection law says that A Way Out must have a reason or ‘purpose’ for collecting and using personal data.

Our purposes are to:

* Deliver our services
* Manage our relationship with you
* Develop new ways to meet our customers’ needs
* Improve our service delivery
* Keep internal records
* Send promotional emails about events or other information which we think you may find interesting

**How we ensure that the processing we do is lawful**

A Way Out cannot use your personal data for any reason unless we have a legal basis to do so. We use one or more legal bases for each of our purposes.

**Deliver our services:**

* We have or soon will have a contract with you
* We have a legal obligation
* To protect your vital interests
* We have a legitimate interest in using your information

**Manage our relationship with you:**

* We have a legitimate interest in using your information

**Develop new ways to meet our customers’ needs:**

* We have a legitimate interest in using your information

**Improve our service delivery:**

* We have a legitimate interest in using your information

**Keep internal records:**

* We have a legal obligation
* We have a legitimate interest in using your information

**Send promotional emails about events or other information which we think you may find interesting:**

* We have a legitimate interest in using your information

We must explain what our legitimate interests are and will do so in detail when we collect the information.

**Special Category Data**

Special category data is personal data which the GDPR says is more sensitive, and so needs more protection.

Occasionally A Way Out may need to process special category or ‘sensitive’ data such as

* Race
* Ethnic origin
* Religion
* Health
* Sex life; or
* Sexual orientation

If we do, we will only do so with your consent or because we have a legal requirement to do so. Where we ask for your consent to use information you give us, you can withdraw your consent at any time by contacting us in writing.

**How Long Do We Keep Your Information?**

If we have a legal obligation to keep your personal data for a specific length of time, we will tell you when we collect it.

Everything else is kept for six years.

If we have a contract with another organisation we keep the personal data specific to that contract for as long as it tells us to. Again, we will tell you when it is collected.

You can see our retention policy on our website or request a copy by contacting us.

**Who Do We Share Your Personal Information With?**

We do not share your personal information with any third parties, other than those listed below.

When we share your personal data with third parties who perform services for us, we require them to take appropriate steps to protect your personal information, and only to use the personal information for the purpose of performing those specific services.

We currently

|  |  |
| --- | --- |
| **Name of company** | **The service they perform for us** |
| EVIDE | Database hosting |
| TTS | IT support |
| Mitol | Server Back up hosting |

**Security**

We are committed to ensuring that your information is secure. In order to prevent unauthorised access or disclosure, we have put in place suitable physical, electronic and managerial procedures to safeguard and secure the information we collect online and in other ways.

IT hosting and maintenance and your personal information is located within the European Economic Area.

**Links to other websites**

Our website may contain links to other websites of interest. However, once you have used these links to leave our site, you should note that we do not have any control over that other website. Therefore we cannot be responsible for the protection and privacy of any information which you provide whilst visiting these sites and such sites are not governed by our privacy notice and policies. You should exercise caution and look at the privacy statement applicable to the website in question.

**Your Rights**

You have rights in relation to the personal information we hold about you. These are:

* **The right to be informed** about the collection and use of your personal data. We do this by providing you with this privacy policy and other, more targeted privacy notices when we collect the information.
* **The right of access.** This is commonly referred to as ‘subject access’. You have the right to make a request to see all the personal data that A Way Out holds about you. You can make this request verbally or in writing and we must respond within one calendar month.
* **The right to rectification.** If you believe that any information we are holding on you is incorrect or incomplete, please write to or email us as soon as possible at the above address and we will promptly record your request and amend our records if required.
* **The right to erasure.** This is also known as ‘the right to be forgotten’. You can make this request verbally or in writing. This right only applies in certain circumstances.
* **The right to restrict processing.** This right only applies in certain circumstances. If we agree to restrict your personal data we will store it but not use it.
* **The right to data portability.** This allows you to obtain and re-use your personal data for your own purposes across different services. If you would like us to transfer your personal data electronically, we will do this. It only applies to information you have given us and where A Way Out is the data controller.
* **The right to object.** You have the right to object to the processing of your personal data in certain circumstances. You can make an objection verbally or in writing. You have the absolute right to stop your personal data being used for direct marketing.
* **Rights in relation to automated decision making and profiling.** A Way Out does not use any of your personal data to make automated decisions or to create a profile of you.

**When we are contracted to do work for another organisation**

When A Way Out acts under instruction from another organisation we are the data processor and the other organisation the data controller. There will be a contract in place which will tell us what to do with your information. If any of your personal data is being used for a purpose that is not controlled by A Way Out, we will give you a different privacy notice which will tell you all about it.

Your rights are unlikely to be affected if your information is used in this way.

**How to complain**

If you are unhappy about the way we handle your personal data please let us know verbally or in writing by contacting the above address.

We will explain how we have processed your personal information and if we have made a mistake will explain how we will put this right.

If you are still dissatisfied, you may report your concern to the Information Commissioner’s Office (ICO) by contacting:

Wycliffe House, Water Lane, Wilmslow SK9 5AF

Tel. 0303 123 1113