

# GET INVOLVED

USE THIS FORM TO GAIN ACCESS TO ALL OF INFOBUZZ AND YOUNG GLOUCESTERSHIRE'S SERVICES

This form can be used to gain access to all of our services, for entire families or individual young people. Therefore there may be some questions you feel aren't relevant to you. Please fill in as much information as you can and one of our team will get in touch to discuss your situation in more detail.

## who needs support?

please tick the category that best describes the person wanting support.

|                               |                          |  |
|-------------------------------|--------------------------|--|
| AN INDIVIDUAL AGED 16-25:     | <input type="checkbox"/> |  |
| AN INDIVIDUAL CHILD UNDER 16: | <input type="checkbox"/> | A parent or guardian will need to sign this form on pg3                        |
| A FAMILY:                     | <input type="checkbox"/> | Give the lead family member's details below and list additional members on pg3 |

## more about that person

give details of the person wanting support or the lead family member.

|                |                        |           |  |
|----------------|------------------------|-----------|--|
| FIRST NAME:    | LAST NAME:             |           |  |
| NICKNAME:      | GENDER:                | PRONOUNS: |  |
| DATE OF BIRTH: | NATIONAL INSURANCE NO: |           |  |
| ADDRESS:       |                        | POSTCODE: |  |
| EMAIL ADDRESS: |                        |           |  |
| MOBILE NO:     | OTHER PHONE NO:        |           |  |

## emergency contact details

for the person who needs support.

|                         |                                  |
|-------------------------|----------------------------------|
| EMERGENCY CONTACT NAME: | ADDRESS IF DIFFERENT FROM ABOVE: |
| RELATIONSHIP:           |                                  |
| CONTACT NUMBERS:        |                                  |

## personal and medical information

for the person who needs support.

|   |   |
|---|---|
| LIST ANY MEDICAL CONDITIONS:  | LIST ANY DISABILITIES:                                |
| ETHNICITY:  | ARE THEY IN, OR HAVE THEY LEFT CARE?                  |
| ARE THEY A YOUNG CARER?   | WHAT IS THEIR HOUSING SITUATION?                      |
| GP NAME & ADDRESS:  |   |
| EMPLOYED FULL TIME: <input type="checkbox"/>  | ARE THEY IN RECEIPT OF ANY BENEFITS?                  |
| EMPLOYED PART TIME: <input type="checkbox"/> of at least 16 hrs per week                        |   |
| UNEMPLOYED: <input type="checkbox"/> how long have you been unemployed?<br><input type="text"/> |   |
| DO THEY HAVE ANY CRIMINAL CONVICTIONS?  | WHICH OTHER AGENCIES ARE THEY RECEIVING SUPPORT FROM? |

## what are the areas of concern

tick all that apply.

|                           |                          |                          |                          |
|---------------------------|--------------------------|--------------------------|--------------------------|
| EMPLOYABILITY             | <input type="checkbox"/> | CRIMINAL JUSTICE         | <input type="checkbox"/> |
| RELATIONSHIPS/SOCIAL      | <input type="checkbox"/> | SUBSTANCE MISUSE         | <input type="checkbox"/> |
| SCHOOL/COLLEGE ATTENDANCE | <input type="checkbox"/> | MENTAL HEALTH            | <input type="checkbox"/> |
| BEHAVIOURAL CONCERNS      | <input type="checkbox"/> | GHC YOUNG ADULTS SERVICE | <input type="checkbox"/> |

## reason for this referral give as much detail as possible.

FOR EACH AREA OF CONCERN YOU HAVE TICKED PLEASE TELL US MORE ABOUT THE SITUATION; WHY HAS IT OCCURRED AND WHO IT IS HAVING AN AFFECT ON. PLEASE INCLUDE ANY CLINICAL DIAGNOSES AND ANY HISTORY ABOUT YOUR MENTAL HEALTH IF RELEVANT. IF NECESSARY USE AN ADDITIONAL SHEET.

## parent or guardian details

only complete if the referral is for an individual child under 16 years old.

|                      |                                  |
|----------------------|----------------------------------|
| CONTACT NAME:        | ADDRESS IF DIFFERENT FROM ABOVE: |
| RELATIONSHIP TO YOU: |                                  |
| CONTACT NUMBERS:     |                                  |
| EMAIL ADDRESS:       |                                  |
| SIGNATURE:           | DATE:                            |

## additional family members

only complete if requesting support for a family. List the additional family members who may require support . Please indicate any family members involved with the criminal justice system.

| NAME | RELATIONSHIP <small>child/<br/>father etc.</small> | M/F | DOB | AGE | IN CRIMINAL JUSTICE SYSTEM? |
|------|--|-----|-----|-----|-----------------------------|
|      |  |     |     |     |                             |
|      |  |     |     |     |                             |
|      |  |     |     |     |                             |

## how would you like to hear from us?

|       |                          |   |
|-------|--------------------------|---|
| PHONE | <input type="checkbox"/> | WHAT IS THE BEST TIME/DAY FOR US TO CONTACT YOU?  |
| POST  | <input type="checkbox"/> | WOULD YOU LIKE TO JOIN OUR E-MAIL LIST TO HEAR MORE ABOUT THE CHARITIES WORK AND NEW OPPORTUNITIES FOR SUPPORT? |
| EMAIL | <input type="checkbox"/> |   |

## data protection and GDPR

Any personal information you give to us will be processed in accordance with the UK GDPR / Data Protection Act 2018. The information which you give will be used for the following purposes: to enable Young Gloucestershire and Infobuzz to create a digital and paper record of your referral; to enable the referral to be processed; to enable the organisations to contact you in order to offer you a service. The information will be kept securely, and will be kept no longer than necessary. Young Gloucestershire and Infobuzz Limited share a secure database along with a small team from the NHS as part of a specific partnership project. Confidentiality measures are in place to ensure your personal information is protected. To know more, please go to [www.youngglos.org.uk/about-us/policies](http://www.youngglos.org.uk/about-us/policies) or [www.infobuzz.co.uk/policies](http://www.infobuzz.co.uk/policies) or ask one of our staff for a copy of our Data Protection policy.

|  |             |
|--|-------------|
| SIGNATURE OF REFERRER OR MAIN CONTACT NAMED ABOVE: | PRINT NAME: |
| DATE:  |             |

## referral agency details

only complete if you are a referral agency completing this form on behalf of someone.

|                    |   |
|--------------------|---|
| REFEREES NAME:     | ADDRESS:  |
| ORGANISATION NAME: |   |
| CONTACT NUMBER:    | HAS THE FAMILY OR INDIVIDUAL CONSENTED TO THIS REFERRAL? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| EMAIL ADDRESS:     |   |
| SIGNATURE:         | DATE:   |

## what next?

When you have completed this form please return it to us by email or post, or feel free to hand it to a member of staff. Our team will look over your details and will be in touch as soon as possible to discuss the support we can offer.

Young Gloucestershire & Infobuzz  
The Old Dock Office  
Commercial Road  
Gloucester  
GL1 2EB  
[getinvolved@youngglos.org.uk](mailto:getinvolved@youngglos.org.uk)