Surrey County Council
Youth Offer Service
TWISTER LGBT+ Referral Form

Safeguarding

- The information contained in this referral form will only be used as part of the referral and assessment process and will not be used for any other purpose without the permission of the young person concerned.
- We will confirm receipt of this form and will contact the young person directly and arrange to meet them to assess their needs. We shall endeavour to this as soon as possible.
- **Please ensure that if the young person is living in an unsupportive family environment that the Youth Offer Service can safely get in touch with them at the contacts provided below.**
- We may wish to discuss the referral with the referrer before contacting the young person.

Please complete this form with the young person.

Please contact for further information and return this form to:

Molly White **E:** molly.white@surreycc.gov.uk **M:** 07966 133927

PARENTS **ARE** ELIGIBLE TO COMPLETE THIS FORM
PLEASE ENDEAVOUR TO USE PREFERRED PRO-NOUNS THROUGHOUT THIS REFERRAL

Name of Referrer (This can be a parent)	
Job title of professional	
Name of Referring Agency	
Address of Referring Agency	
Phone number (s)	
E mail address	
In what capacity do you know the young person?	
Are the parents/carers aware of this referral? (If young person is under 18 years)	

Are the parents/ carers aware of the young person's sexuality &/or gender identity?

Name young person wants to use:		**Date of birth**		**Age**
Legal name (if different to above)				
Identified Gender & preferred pronoun (e.g. he/him, she/her, they/them				
Access needs (What are the things that will make easier for the young person to get involved?)				

		Yes *	No *
Home address			
Home phone number			
Mobile number of parent			
Young person phone number (if applicable)			
Email address			
* Select method of youth worker contacting young person or family			
Alternative Contact address (If required)			
Alternative phone Number			
Alternative Email address			

Please include a summary of the issues affecting the young person

11. Which project would you be interested in attending? You can attend more than one
Woking - Friday **Guildford- Thursday** **Sunbury- Thursday** **Redhill- Tuesday**

Young Person's signature		Date	

Referrers signature		Date	

OFFICE USE ONLY	
Date referral received	
How received	
Discussion with referrer	
Contact made with young person	
Outcomes/actions agreed	
Date, time and venue for first appointment, if agreed	

We will only use your information for work directly referenced by the project or youth night your young person attends.

DATA CONSENT

By completing this form consent is granted unless otherwise stated for SCC to process the data under the ***Data Protection Act 2018 & GDPR*** to allow SCC to provide Youth Work Services.

I understand that the information may be used to provide the person named with medical ~~services in the event of an emergency occurring on the project and it may be shared with~~ medical professionals i.e., the NHS.

I understand that the person's information may be shared with statutory agencies such as social services and or the police for the purposes of safeguarding and for detecting, preventing, or deterring a crime.

Information will be held securely and will not be shared with any organisation outside of Surrey County Council unless explicitly stated. The Surrey CFLL data protection information can be found at: Data protection - Surrey County Council (surreycc.gov.uk)