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| **DOST YOUNG PERSON REFERRAL FORM** |
| First Name |  |
| Family Name |  |
| Country you come from? |  |
| Age |  |
| Date of Birth | **Date** | **Month** | **Year** |
|  |  |  |
| Age assessed DOB? |  |  |  |
| Sex/ identity? | **Male** | **Female** | **Other identity** |
| First language? |  |
| English level? | **Basic** | **Intermed** | **Advanced** |
| Name of School or College |  |
| **WHERE DO YOU LIVE?** |
| Address  |  |
|  |
|  |
| Postcode  |  |
| Your Mobile Number |  |
| **WHO DO YOU LIVE WITH? (tick 1)** |
| Family |  |
| Foster carers |  |
| With friends |  |
| Hostel |  |
| Supported housing |  |
| Alone |  |
| **EMERGENCY CONTACT** |
| Name parent/ carer/ keyworker |  |
| Address  |  |
|  |
|  |
| Mobile Number |  |
| **HEALTH** |
| Health issues? | **YES** | **NO** |
| Details |  |
| **OTHER PROFESSIONALS** |
| Do you have a Social Worker? | **YES** | **NO** |
| Do you know the Borough? |  |
| Do you have a solicitor? | **YES** | **NO** |
| Date of joining? |  |
| **ID – PLEASE SHOW ID WITH NAME AND AGE** |

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| **We are all equal here…****RESPECT RESPECT RESPECT!** |
| **I will respect and listen to staff and volunteers** |
| **I will be friendly and respectful to everyone**  |
| **I will respect the Club and equipment** |
| **I will not fight and I will not get involved if others fight** |
| **I will not bring or use drugs, alcohol or weapons** |
| **I will come here to have fun and help others have fun** |
| **I will help out – I will look after my Club and keep it clean and safe** |
| **SPEAK NICELY, PLAY NICELY, BE NICE AND HAVE A NICE TIME!** |
| **I agree to (please tick):** | **tick** |
| Dost keeping my information safely and securely and contacting me about activities or services. I understand that Dost needs some information to keep me and others safe and I understand that Dost will only share my information with others who need to know this, for example funders or other organisations who may offer support to young people or if I or someone else is at risk if Dost doesn’t share this information.  |  |
| Ask to see what information Dost has about me if I want to see this. I am aware I don’t need to decide to share any personal information - although this may mean that I am unable to join in activities due to safety. Dost will delete all my information after a certain period of time. |  |
| Talk to Marian or other Dost Staff, if I am not comfortable at any time during activities - so they can help me feel safe and secure |  |
| Receiving emergency medical treatment if my Carer is not available to answer and sharing my Carer’s details |  |
| Being filmed or photographed during the activities. I understand that the photographs or film might be used to tell other people about what Dost doesIf I don’t agree, Dost will not use any images of me. |  |
| I understand that I can make a complaint about something that happens at Dost and will speak to Staff about this |  |
| I understand that enjoying the activity and being safe means, I need to follow the safety rules above. |  |
| **NAME:** |  |
| **SIGN:** |  |
| **DATE:** |  |