

Young Persons Therapeutic and Positive Attachment Service (YPTPAS)

Request / Referral Form

Please be aware when completing this form further information may be required before eligibility before support can be confirmed.

If this referral is for you (self-referral), please go to Section 3

If the referral is for someone else, please complete Section 1, 2, 3 and 4 as required

Section 1: Referrer Details

Name: _____ Date: _____

Role: _____ Organisation: _____

Address: _____

Post code: _____

Contact Number: _____ Email: _____

Is the person aware that this referral is being made? Yes No

Section 2: Parent/Carer Details (if required)

Name: _____ Date of Birth: _____

Address: _____

Post code: _____

Contact Number: _____ Email: _____

Relationship to Young Person: _____ Preferred Language: _____

Any religious beliefs we need to be aware of to provide support: _____

Section 3: Young Persons Details

Name: _____ Preferred name: _____

Date of Birth: _____ Age: _____ Pronouns: _____

Address: _____



_____ Post code: _____

Telephone number: _____ Mobile: _____

Email: _____ Preferred Language: _____

Preferred method of communication: _____

Any religious beliefs we need to be aware of to provide support _____

Section 4: Next of Kin

Name: _____ Date of Birth: _____

Address: _____

_____ Post code: _____

Contact Number: _____ Email: _____

Type of Service(s) Required:

- 1-2-1 Group ND specific 1-2-1 ND Specific Group

Does the person being referred attend school: Yes No Home Schooled

Name of School: _____ Year Group: _____

Contact number: _____

Does the person being referred have a:

GP surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name: _____
Psychiatrist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name: _____
Family Liaison officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name: _____
Social worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name: _____
Youth worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name: _____
Carer or PA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name: _____
Friend/ relative who supports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name: _____

Other, e.g. Youth Justice worker, YIS worker, other organisations or services involved in support: _____

Does the person being referred have a mental health diagnosis? Yes No

Please provide information of diagnosis/lead need: _____



Is the person being referred Neurodiverse or have any Additional Learning Needs (ALN)? Yes No

Please provide information of diagnosis/lead need:

Is there a current Care and treatment/support plan? Yes No Date of last review _____

(If yes, please attach copy with this referral)

Are there any risks that you are aware of?

Risks to self Yes No

Risks to others Yes No

Environmental Risks, such as smoking, substance misuse, any issues to access your property, pets etc;

Yes No

If yes to any of the above, please give details below:

Does the person being referred have an up to date risk assessment? Yes No

(If yes, please attach copy with this referral)

Reason for the Referral (please provide as much information as possible):



Equality Monitoring Data:

Gender:

- Male Female Other: _____

Ethnicity:

- White Mixed White & Asian Mixed White & Black Caribbean
 Mixed White Other Asian or Asian British Indian Asian or Asian British Pakistani
 Asian or Asian British Bangladeshi Asian or Asian British Chinese Asian or Asian British Filipino
 Asian or Asian British Other Black or Black British Caribbean Black or Black British African
 Black or Black British Other Arab Gypsy/Traveller
 Other: _____

Nationality:

- Welsh English N Irish British Irish Other: _____

Disability:

- Mobility Impairment Sight Impairment Hearing Impairment Mental Health
 Learning Difficulty Dexterity Impairment Other: _____

Sexual Orientation:

- Bisexual Gay or Lesbian Heterosexual Other: _____
 Prefer not to say

Privacy Notice & Consent Statement

Aderiad collects personal information about you in order to process your referral to give you the best possible service of care and support.

Information we collect

The personal information collected by us will be limited to that which is essential to allow us to provide the support you require and deserve. This includes your name, address, contacts details (including your email address and mobile number where you have provided these) alongside any health related information required for the delivery of health care services, for example:



- Disability information (such as physical or learning disabilities) and racial/ethnic origins.
- Data concerning health and sex life (such as substance abuse, domestic abuse, mental health, depression and pregnancy).
- Details of any ancillary support services/agencies being used by you (such as family GP, health advisors, social workers, CAMHS, CPN/mental health, debt counselling, legal support, employment and housing support)

We may also collect information from any individual/agency that has referred you to us.

How we will use your personal information and who it will be shared with

There are times when it is appropriate for us to share information about you and your healthcare with others including GPs, NHS Wales and other healthcare providers. We may also need to share your information with non-healthcare organisations, where it is required in compliance with legal duties. Where we share information with non-healthcare organisations (as described above), we may request that they enter into an information sharing agreement to ensure that information we share with them is handled appropriately and complies with relevant legislation. The information from your referral form will only be used for the purposes that benefit your care and support.

We may, on an anonymised basis, use your personal information to demonstrate the impact of our services. Any case study information shared will always be on an anonymised basis unless we have further explicit consent from you.

We may use your personal information with Adferiad for the specific purposes of statistical analysis and the promotion of our work nationally as well as any reporting requirements for funders who support the organisation on a national level. This will be on a pseudo-anonymised basis (meaning that we will take steps to limit the ability to for your personal information to be identified. This will normally include the anonymization of names and full addresses).

We may share personal information with law enforcement or other authorities if required by applicable law (including, in line with our Safeguarding Policy and PREVENT strategy, where there are concerns about the safety or wellbeing of a child or adult at risk and it is considered necessary for their welfare and protection).

We will not share your personal information with any other third party without first obtaining your explicit consent.

How long your personal information will be kept

We will keep your personal information after we have finished providing our support to respond to any questions, complaints or claims made by you or on your behalf, to show that we treated you fairly and/or to keep records required by law. We will not keep the information for longer than necessary. We keep different types of information for different lengths of time (further details can be found in our Data Protection Policy which is available on request).

Keeping your personal information secure

We have appropriate security measures in place to prevent your information from being accidentally lost, or used or accessed in an unauthorised way. We limit access to your personal information to those who have a genuine need to know it. Those processing your information will do so only in an authorised manner and are subject to a duty of confidentiality. We also have procedures in place to deal with any suspected data security breach. We will notify you and any applicable regulator of a suspected data security breach where we are legally required to do so.

Your Rights

You have a number of important rights, which you may exercise in relation to your personal information free of charge.

You have the right to request that we:

- Provide you with a copy of your personal information that we hold;
- Update your personal information where it is out-of-date or incorrect;



- Delete personal information that we hold;
- Restrict the way in which we process your information;
- Consider any valid objections to our processing of your personal information.

We will respond to your request within the applicable statutory time period.

For further information on each of these rights, including the circumstances in which they apply, visit the Information Commissioner's Office ("ICO") website at <https://ico.org.uk/for-the-public/>.

If you would like to exercise any of the rights, please email, call or write to us using the details in 'How to contact us' below, let us have enough information to identify you, let us have proof of your identity and address, and let us know the information to which your request relates.

How to complain

Please report any complaint to the details set out in 'How to contact us' below. We hope we can resolve any query or concern you raise about our use of your information. You also have the right to lodge a complaint with the ICO who may be contacted at <https://ico.org.uk/concerns/> or telephone: 02920 678400.

How to contact us

Please contact us if you have any questions about this Privacy Notice or the information we hold about you as detailed below:

Data Protection Officer
Adferiad
Unit B3, Lakeside Technology Park,
Enterprise Park,
Swansea,
SA7 9FE
01792 816600 / dataprotection@adferiad.org

By signing this form you confirm you have read and understood the contents of this Privacy Notice and Consent Statement and consent to us processing your personal information in accordance with this Privacy Notice. You may withdraw your consent at any time by using the contact details set out in 'How to contact us' above.

Please sign and date this form before submitting

Referrer:

Name: _____ Position: _____

Signature: _____ Date: _____

Young person being referred:

Name: _____ Signature: _____ Date: _____



Please return this form to:

Email: YTPAS@adferiad.org

If there are any problems please call us in our office: 01982 448090

FOR ADFERIAD OFFICE USE ONLY:

Date Referral Received: _____ Waiting List: Yes No

Based on the information provided is this person eligible for the service or further assessment?

Yes No

If Yes, please complete the following:

Unique Number: _____ (generated by PAPs/Web Roster)

Date of 1st Contact: _____ Date of 1st Assessment: _____ Start Date: _____

If No, please give reasons below and any further actions:
