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| For Office use only: |
| **Date Assigned:**  | **Referral/Candidate Number:**  |

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| Young Person Details  |
| **First Name:**  | **Gender** |  |
| **Surname:**  | **NI Number: -**  |
| **Address:**  |
| **Postcode:**  |  |
| **Contact Numbers:** | **Home:**  | **Mob:**  |
| **Email:**  | **Driving licence:** |  |  |
| **D.O.B:**  | **Age:**  |

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| Referrer Details *(please tick service)* |
| **Leaving Care & LAC Team**  |  | **Probation** |  | **Youth Offending Service** |  |
| **Social Services** |  | **Youth Service** |  | **Connexions** |  |
| **MAST Team** |  | **CONNECT Team** |  | **Other (Specify)** |  |
| **First Name:**  |  |
| **Contact Number:**  | **Email:**  |
| **Address:**  | **Postcode:**  |
| **Reason for Referral:** |  |
| **Date of Referral:** |  |
| Young Person Ethnicity  |
| **□** | **Asian / Asian British – Bangladeshi** | **□** | **Mixed – White and Asian** |
| **□** | **Asian / Asian British – Indian** | **□** | **Mixed – White and Black African** |
| **□** | **Asian / Asian British – Pakistani** | **□** | **Mixed – White and Black Caribbean** |
| **□** | **Asian / Asian British – other background** | **□** | **Mixed – other background** |
| **□** | **Black / Black British – African**  | **□** | **White – British** |
| **□** | **Black / Black British – Caribbean** | **□** | **White – Irish**  |
| **□** | **Black / Black British – other background** | **□** | **White – Any other background** |
| **□** | **Chinese** | **□** | **Any Other**  |
| **□** | **Japanese** | **□** | **Not Known / Not Provided** |

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| **Is The Young Person :** | **Leaving Care** | □ | **Leaving a Custodial Institute****(or has left one in the past 12 months)** | □ |

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| **Does the Young person have children?**  |  | **Does the candidate has the right to live and work in the UK**  |  |

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| **Emergency Contacts** |  |
| **Parent/Guardian** | **Phone number:** |
| **Emergency Contact 1** | **Phone number:** |
| **Emergency Contact 2** | **Phone number:** |

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| **Medical** |  |
| **Do you have any medical conditions?** **If yes, please include details****If no, please put N/A** |  |
| **Do you have any allergies?** **If yes, please include details****If no, please put N/A** |  |

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| **Disabilities** |  |
| **Do you have any disabilities?****If yes, please include details****If no, please put N/A** |  |

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| **Consent** |  |
| **Consent to take part. I hereby consent to my child (named above) taking part in the traineeship organised by Brentford FC Community Sports Trust. I understand that I take responsibility for my child adhering to social distancing rules and that the Trust is not responsible if my child contracts Covid-19.** |  |
| **Consent for staff to administer First Aid if required. I hereby consent to allowing Brentford FC Community Sports Trust staff to administer first aid to my child should an accident or injury occur whilst taking part in this session by administering first aid the coach running the session will have to break existing social distancing guidelines in order to protect my child’s welfare and health and I will not follow up with any legal action.** |  |
| **Consent for my child’s temperature to be taken. I am happy for my child’s temperature to be taken by an infrared temperature thermometer at the beginning of the session and that their temperature reading will be recorded for health and safety purposes.** |  |
| **Photo, video and audio recording consent. I permit Brentford FC Community Sports Trust, and any one authorized by the Trust, to use or reproduce, in print or electronic format, my child’s image for the purpose of promoting and marketing Brentford FC Community Sports Trust throughout the country. This includes usage in: advertising, displays/posters, media and public relations, online (website and social media) and/or all printed promotional material.** |  |
| **Case study consent. I consent for information, regarding my child, to be used in funding reports, case studies and external publications. I am happy for information about my child to be shared with the Premier League and English Football League Trust. This may include sensitive information regarding my child’s ethnicity, disability or medical conditions.** |  |
| **In order to support the NHS Test and Trace programme, we may share your contact details (name and telephone number) for, in line with guidance issued by the Department for Health and Social Care. The NHS Test and Trace programme will only keep your details safely and in compliance with GDPR legislation for 21 days before securely disposing of or deleting them. We will only share your details with NHS Test and Trace, if asked, in the event that it is needed to help stop the spread of Covid-19.** |  |

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| **Marketing** |  |
| **How would you prefer us to contact you?** | **All methods □ Email □ Phone □ Post □ None □** |
| **Marketing Consent: I am happy to be contacted about other events and projects that Brentford FC****Community Sports Trust run.** | **Yes □ No □** |

**Our responsibilities regarding your data.**

**All personal data of your child will be processed by Brentford FC CST in accordance with the General Data Protection Regulation. There will be times when Brentford FC CST will share your child’s personal data – along with recordings of the session – with partner agencies for legitimate business purposes such as monitoring and performance. We may also share your data for the prevention and investigation of crime and for safeguarding purposes where will be required to pass your details on to the relevant statutory authority. You have the right to withdraw consent from your child’s data being stored at any time and you also have the right to rectify or amend your data at any time. For more information about how we use your personal and sensitive data please visit our privacy policy at www.brentfordfccst.com/privacypolicy or contact the Data Protection officer at** **communications@brentfordfccst.com**

**Our commitment to safeguarding. Brentford FC CST is committed to the wellbeing and safety of every child, young person and adult at risk who engages and participates in our activities. We work closely with the Local Authority Designated Officer and other respective safeguarding agencies and we are guided by and adhere to Local Authority and Police protocols. For further information, you can read our safeguarding policy in full on www.brentfordfccst.com/safeguarding-policy or contact our Safeguarding team at** **safeguarding@brentfordfccst.com**

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| Young Person Support Needs:  |
| **Addiction Concerns** |  | **Mental Health Concerns** |  | **Family Problems**  |  |
| **Housing Concerns** |  | **Physical Health Concerns** |  | **Childcare Needs** |  |
| **Debt Concerns** |  | **Benefit Support** |  | **Domestic Violence/Abuse** |  |
| **Please give details of any areas selected above:** |
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| **Have you been in education at school/college since September 2020?****If yes, please include a start and finish date**  |
| **Do you have an EHCP? If yes, please provide any relevant details (a scanned copy can be attached)** |
| **ETE Support Needs, e.g. Literacy, Numeracy, I.T., SEN etc. :** |
| **Has the client been assessed for Literacy and Numeracy in the past 12 months?**  |  |
| **If yes, what were the results?**  | **Literacy** |  | **Numeracy**  |  |

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| **Description of any ongoing cases****Please include month/year relating to any ongoing cases** |  |
| **Description of any current convictions:** **Please include month/year relating to any current convictions** |  |
| **Are there any on-going court cases?** **Please include month/year relating to any ongoing cases** |  |
| **Details of previous convictions or sentences if known:****Please include month/year relating to any previous convictions** |  |
| **Currently on remand**  | **Currently Sentenced**  | **Date due to be released if known:** |
| **Will the Young Person be on License?**  | **Prison No. if currently in custody:** |
| **Does the young person have a Probation/YOT Officer**  |  |
| **Level of current risk:**  | **High** □ | **Medium** □ | **Low** □ | **Not known** □ |
| **To self:** |  |  |  |  |
| **To others: adults** |  |  |  |  |
| **To others: children** |  |  |  |  |
| **Of re-offending:** |  |  |  |  |
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| Interests and future career aspirations |
| What are your interests and future career aspirations? |

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| Any other comments and/or Action Points: |
| In the review of the above, a consultation was held with (please include name and relationship to the young person) |

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| **Print name (Trainee)** | **Signature** | **Date** |
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| **Print name (Parent/Guardian)** | **Signature** | **Date** |
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