# SECTION A: Details of the person in need of support: Please tick all that apply

|  |  |
| --- | --- |
| I’m a Young Person 16-25  | I’m a Professional   Young Person Consents to this referral   Name  Organisation  Contact Phone Number  Contact Email Address |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name(s): |  | Pronouns: | |
| Surname: |  | Date of Birth: | |
| Ethnicity/Nationality: |  | | Sex: |
| Address: | Postcode: | | |
| Home Phone: | Mobile Phone: | | |
| Email: |  | | |
| School/ College (Where appropriate): |  | | |

**Who shall we call to arrange your first meeting?**

|  |  |
| --- | --- |
| Name: | Number: |
| Relationship to applicant: |  |

**Emergency contact details (if different from preferred contact)**

|  |  |
| --- | --- |
| Name: | Number: |
| Relationship to applicant: |  |

**SECTION B: Other Agencies**

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| --- |
| **Please list details of any other agencies you/young person are currently receiving or pursuing support from:** |

**SECTION C: Request For Support Summary**

Please provide a summary of the support you/young person would like. What are you struggling with at the moment? What’s going on in your life right now? What difference will support make for you/young person?

**SECTION D: Declarations**

I consent to The Nelson Trust storing and processing my personal information for use in connection with my support, for the safety of myself and others in accordance with Data Protection law.

I understand that it may also be used on an anonymised basis for the purposes of monitoring and improving The Nelson Trust’s services.

I understand that The Nelson Trust works with other trusted agencies that also provide individual and family support. If The Nelson Trust considers it more appropriate for one of these other agencies to support me or my family, I consent to The Nelson Trust sharing my application for support / referral with this agency. I understand that The Nelson Trust will inform me if this is the case.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(printed) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION E: Monitoring**

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| --- |
| Where did you hear about The Nelson Trust? |
| Where did you find this form? |

Please return this form by email to **gloucester.info@nelsontrust.com** or by post to **The Nelson Trust, 1 Brunswick Square, Gloucester GL1 1UG**