**Swindon Youth Voice referral form**

|  |  |
| --- | --- |
| Name:  | Address:  |
| Date of Birth:  | Contact number:  |
| Email address:  | Pronoun: (he/she/they/e) |
| Are they in work or education? Yes x No If yes, can you please share what that is?  | How would they like us to get in contact? (phonecall / text / email / letter) |
| Is there anything we can do to make it easier for them to come? | What would they like to get out of Swindon Youth Voice?  |

|  |  |
| --- | --- |
| Name of referrer:  | Agency and position: |
| Email: | Contact number:  |

Parent / carer information (if under 18 and appropriate)

|  |  |
| --- | --- |
| Name: | Address:  |
| Relationship: | Contact number:  |
| The person with parental responsibility should be informed of this referral if they are under 18. The young person should also consent. Does the person with parental responsibility know you are making this referral? Yes No  |

In accordance with Data Protection Act 1998, all information provided on the referral form and in any further dealings with Swindon Youth Voice will be treated as confidential, and will not be disclosed to any third party without express consent from the parent / guardian / young person (age dependant).

|  |  |
| --- | --- |
| Signed | Date |

Please send the referral to: lisa@vas-swindon.org

Telephone Number: 07354 848965

Swindon Youth Voice will confirm receipt of all referrals within 48 hours Monday – Friday. Please contact Lisa if you have not received confirmation of receipt.

**Please also complete the Equality and Diversity monitoring on the next page**

**Equality and Diversity Monitoring**

Swindon Youth Voice is committed to encouraging equality, diversity and inclusion.

To make sure we are doing this everyone applying is asked to complete the details below.

The information will be used solely for monitoring purposes and will be treated as confidential.

If you would like more information, we can show you our Equality, Diversity and Inclusion policy.

**How would you describe your gender? How would you describe your sexual orientation?**

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Heterosexual / straight |  |
| Female |  | Gay |  |
| Trans woman |  | Lesbian |  |
| Trans man |  | Bisexual |  |
| Non binary / agender / fluid |  | My description… |  |
| My description…. |  | I prefer not to say |  |
| I prefer not to say |  |

**How would you describe your ethnicity?**

|  |  |  |  |
| --- | --- | --- | --- |
| Asian or Asian British – Indian |  | White British |  |
| Asian or Asian British - Pakistani |  | White Irish |  |
| Asian or Asian British - Bangladeshi |  | White – any other white background |  |
| Asian or Asian British – any other Asian background  |  | White and Black Caribbean |  |
| Black or Black British - Caribbean |  | White and Black African |  |
| Black or Black British - African |  | White and Asian |  |
| Black or Black British – any other Black background |  | White and any other mixed background  |  |
| Chinese |  | I would prefer not to say |  |
| My description… |  |

**Do you consider yourself to have any long-standing illness or disability?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Is there anything else you would like to share about that?  |  |

|  |  |
| --- | --- |
| **What is your post code?** |  |

**How would you describe your religion?**

|  |  |  |  |
| --- | --- | --- | --- |
| No religion or belief |  | Muslim |  |
| Christian |  | Hindu |  |
| Jewish |  | Sikh |  |
| Buddhist |  | My description  |  |
| Prefer not to say |  |