Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you find out about the group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Young person’s information** |
| Name |  | Date of Birth |  |
| Address inc Post Code |  |
| School |  |  |  |
| Main Language |  | Ethnicity |  |
| Any Medical Conditions |  | Able to access stair in case of a fire | [ ]  Yes [ ]  No |
| **Parent/Carer – Emergency Contact information** |
| Name |  | Relationship |  |
| Contact Number |  | Email address |  |
| **Current difficulties the young person child is experiencing:** |
| [ ]  Low mood/Depression [ ]  Challenging Behaviours [ ]  Difficulty Regulating Emotions [ ]  Special Education Need (SEN)  | [ ]  Suicidal Thoughts [ ]  Self-Harm[ ]  Sensory Needs [ ]  Anxiety  |
| [ ]  Other (please state) |
| **About the loss** |
| Who has passed away? | Relationship to the young person: |
| Date of the loss: | Circumstances around the loss: |
| **Consent & Confidentiality** |
| * We collect information on behalf of Compass. We will only contact you with information relevant to you or a young person’s wellbeing. This may include sending information about events, support sessions, advisory work or training we are coordinating.
* We do not share your personal data with third parties unless it is necessary to protect a child or vulnerable adult.
* We will store this information until the project comes to an end but no longer than 3 years unless you request to be removed from the database.
* You have the right to request to see the data we hold about you and your child, or complain if you believe we have mishandled your data.
* At times during the session, we may take photographs of the work being delivered for use in our publications and social media.

Please confirm if you consent to photos of the young person being photographed and these being used by Compass. [ ] * Please tick this box if you give permission for your child to be part of this. [ ]
* Please tick to confirm that you consent to this statement - This will be taken as an electronic signature confirming your agreement. [ ]

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please attach this form to an email and send to info.barnsleymhst@compass-uk.org  |