# S:\Breakout\group paperwork\new logo.bmp

**Referral/Induction Form**

|  |  |
| --- | --- |
| **Date of referral:** |  |
| **Referred by:** | Self Organisation Family Friend OtherIf organisation, which: |
| **Referrers contact details:** |  |

|  |  |  |
| --- | --- | --- |
| **Young person’s name:** |  |  |
| **Young person’s date of birth:** |  | Age:  |
| **Young person’s address:** |  |
| **Email address:** |  |
| **Young person’s contact numbers:** | Home: Mobile: |
|  **Ethnicity:** |  |
| **Which educational establishment (if any?)** |  |
| **How would you describe your sexual orientation?:**  |  |
| **Gender identity:** |  |
|  |   |

|  |
| --- |
| **What is the best way for us to contact you and what time of day?** |

**Can we?**

|  |  |  |  |
| --- | --- | --- | --- |
| Leave a message on the telephone numbers you have given? |  | Identify ourselves to parents/carers/partner etc on phone? |  |
| Email you? |  | Write to you at your home address? |  |
| Text your mobile number? |  |  |

|  |  |
| --- | --- |
| Is the young person out? | Family |
|  | Friends |
|  | School/College/Uni/Work |
|  | Other (please specify)  |

**You will need to complete an initial assessment with a youth worker, please tick your preference:**

Face to face Over the phone

**Which group(s) do you wish to attend- (please highlight):**

|  |  |  |  |
| --- | --- | --- | --- |
| Southampton | Basingstoke | Isle of Wight | Eastleigh |
| 11-21 Group (Weekly) | 11-21 Group (Fortnightly) | 11-21 Group (Fortnightly) | 11-21 Group (Fortnightly) |
| 1:1 Support | Gender Identity group (monthly) | 1:1 Support |
| SOCO Music Group (fortnightly) | SOCO Music Group(fortnightly) | 7-11 Breakout and Buddies group (Fortnightly) |
| Gender Identity Group (Monthly) |

|  |
| --- |
| **Why would you like to join Breakout?** |

**Who should we contact if an emergency happens while you are with us?**

|  |  |
| --- | --- |
| Person’s name |  |
| Their relationship to you |  |
| Their address |  |
|  |  |
| Postcode |  |
| House phone |  |
| Mobile phone |  |
| Work phone |  |

*Please remember that you will need to let this person know you are a member of Breakout, in case we have to call them in an emergency.*

**Do you have any other support needs?**

**Do you have other workers supporting you?**

|  |  |  |
| --- | --- | --- |
| role of worker | their name, organisation and any contact details | Your permission to contact this worker?\* |
|  |  |  |
|  |  |  |
| \* Please **put your signature** next to any worker you are willing for us to contact. We will only do so if an urgent need arises. |

**Please tell us about any medical or medication (ie its name, any side effects) information we should know & what you’d like us to do if you have a crisis while at the group.**

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|  |