**Welcome to The Cart Shed!**

**This referral form is for young people aged 10 - 18 years of age. Please use referral forms on the website if you are 18 or over.**

We are delighted that you are interested in attending Young Cart Shed. Before we can register you, we need to ask for a few key details.

Please can you complete the form below and return to **info@thecartshed.co.uk**

Are you completing this for yourself or someone else? (Please X which)

If you are completing the form for someone else are they aware? Y/N

**If completing for someone else please provide your contact details below**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Email |  |
| Contact Number |  | Relationship to you |  |

**Contact details of person registering with The Cart Shed for the Young Cart Shed programme**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | Title (Mrs, Miss, Ms, etc) | | |  |
| Gender M/F/O |  | Preferred Pronoun | | | | |  | |
| Address |  | | | | | Date of Birth |  | |
| Postcode |  | | Email |  | | | | |
| Mobile Number |  | | Home Number |  | | | | |
| Preferred method of contact |  | | | | | | | |
| GP Surgery Address inc. GP Name if known | |  | | | | | | |

**Emergency contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Mobile Number |  | Home Number |  |
| Relationship to you | |  | |

**Can you please tell us how you found out about the course, mark with X as many as relevant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Facebook |  | School/College |  |
| X |  | Word of Mouth |  |
| Other (Please tell us what) |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Transport – please mark with X if assistance required getting to/from The Cart Shed. If yes, please indicate preferred pick-up point below for those aged 14 and over. | | | | |  |
| Own Transport | Hereford Bus Station | Hereford Travis Perkins | Leominster Spar | Kington Coop | Other (within vicinity eg Weobley) |

|  |  |  |
| --- | --- | --- |
| Armed Forces Connection (Please tick any that apply) | Family of serving member of the armed forces | Family of ex serving member |
|  |  |

|  |  |
| --- | --- |
| Diagnosis/disability/medical information (including awaiting diagnosis) |  |
| Do you have an EHCP? |  |
| Are you in Education/training/employment please give details |  |

|  |  |
| --- | --- |
| **Do any of the following apply to you?** | |
| Carer |  |
| In care |  |
| Care leaver |  |
| Living at home with family |  |

**Have you had any previous or current involvement or support from any of the following? :**

|  |  |  |
| --- | --- | --- |
| **Agency or Service** | **Yes/No** | **Name and contact details of case worker** |
| Social Worker |  |  |
| Mental Health Services/CAMHS/CLD |  |  |
| Family Support Worker |  |  |
| Drug and/or alcohol Services |  |  |
| Social Care Services |  |  |
| Criminal Justice system |  |  |
| **Please note that we need to have this information so we can help in the best way. It will NOT prevent you from attending The Cart Shed if you have engaged with any of these services. Please confirm you have read this statement 🞎** | | |

**Reasons for wishing to attend The Cart Shed**

**The more information you can provide us with, the quicker and easier it is for us consider how we can best help you.**

* What do you think we can offer that would be beneficial to you?
* Do you have any particular support needs that it would be helpful for us to know about?
* Within the past year have any of the following been an issue for you: not being able to attend school or college, having overwhelming feelings, hurting yourself, thinking about or acting on thoughts to take your own life, being aggressive towards others, being purposefully unkind to others, misusing substances, feeling isolated or that you have no friends. If ‘yes’ please give us details in the box below.

**Feel free to write as much as you want here and continue on a separate piece of paper if needed.**

|  |
| --- |
|  |

**Voluntary contributions welcome**

We have introduced a voluntary contribution scheme for everyone who wants to support the running cost of the Cart Shed Charity. From the feedback we receive we know how valued our services are by all involved in them. The Cart Shed charity relies on fundraising to enable those who do not qualify for social care support to attend sessions.

We are asking every participant to consider donating what they can to help with the costs of their course. This is not mandatory. If a participant cannot afford even the smallest of donations, they are still welcome. Donations and referrals are not linked.

Information on how to donate will be given to you shortly after you enrol with us. If for any reason this causes you any anxiety, please raise it with one of the team immediately.

**Data Protection and GDPR.**

We collect your information so that we can best help you. It is only used for that purpose and is not shared with anyone unless you or someone else is at risk of harm. There’s more detail on your rights and how we keep your information safe in our Privacy Statement, which can be found on our website. By completing this form, you have consented to allow us to use your information for the purpose described.