



## **The Proud Trust**

### **Referral Form**

#### **Introduction**

The Proud Trust is a life saving and life enhancing organisation that helps LGBT+ young people empower themselves to make a positive change for themselves and their communities. We do this through youth groups, peer support, managing the LGBT Centre, delivering of training and events, campaigns, undertaking research and creating resources.

#### **Get in touch:**

Young people can self-refer, be referred by friends or family or can be referred by school, college or professionals. To make a referral for yourself or someone else, or to ask any questions get in touch by one of the methods below:

- **Email:** [info@theproudtrust.org](mailto:info@theproudtrust.org)
- **Website:** [www.theproudtrust.org](http://www.theproudtrust.org)
- **Phone or text:** 07900 680 725

#### **What happens next:**

1. Once you have got in touch you will get a reply from staff who coordinate the project. They will answer any questions you have and arrange for you to speak to someone who will then assess your needs.
2. They will ask you how you want to speak to someone. You can choose from email support, facebook messenger, meeting up at school, meeting up elsewhere, meeting up at one of The Proud Trust youth groups, phone call chat, Whats App or texting.
3. They will also ask you who you want to speak to. You might prefer to speak to someone who has a similar identity to you (e.g. non-binary person, or a Muslim lesbian, etc) or with similar interests, so we do our best to match you with someone you will feel comfortable talking to.

If you want to speak to someone face-to-face, one of the Youth Workers will meet you first to talk it all over with you.

#### **What the project can offer:**

- Social and emotional support
- Active listening
- Signposting

- Shared experiences
- Goal setting activities
- Self-care and wellbeing activities
- Advocacy information
- Befriending in youth groups

### **What we do with the information you give us**

- We will store this information in a confidential manner .The information will be uploaded to a secure management system that staff at The Proud Trust have access to. In the event of an emergency we will contact your emergency contact .
- We are asking you the following questions to get a better idea of who you are and what support you are interested in.
- If you have any questions or concerns about how we use this information please contact [info@theproudtrust.org](mailto:info@theproudtrust.org)

## Self Referral

### **Young Person's Details:**

First Name (the name you want to be known as):

Last Name:

Pronoun/s (Her, They, Him, etc):

Date of birth:

Age:

Address:

Postcode:

Phone Number:

Email Address:

How do you define your gender?

Do you define as trans?

How do you define your sexuality?

Do you define as having a disability or any medical conditions we should be aware of? Yes () No ()

How do you define your ethnicity/race?

Do you define as having a religion and if so how do you define your religion?

Do you care for someone at home? Yes () No ()

Are you in care? Yes () No ()

Do you currently attend any of The Proud Trust groups?

Yes () No ()

If so which:.....

How would you prefer us to get in touch with you:

Email ()

Facebook messenger chat ()

Meeting up at school ()

Meeting up ()

Meeting up at one of The Proud Trust youth groups ☐

Telephone call ☐

Texting ☐

**Do you wish to speak with a peer supporter or a youth worker:**

Peer Supporter ☐

Youth Worker ☐

**Emergency Contact:**

In an emergency who is the person responsible you:

Their name:

Their address:

Their phone number:

What is the name they know you as?

What pronoun/s do they know you as?

What is their relationship to you?

Is your emergency contact aware that you are accessing the project?

## Professional referral:

Person making the referral :

First Name (the name you want to be known as):

Last Name:

Pronoun/s (Her, They, Him, etc):

Relationship to young person:

Organisation:

Address:

Postcode:

Phone Number:

Email Address:

Please explain any accessibility needs of the young person we need to be aware of:

Is the young person a child in care: Yes ( ) No ( )

Does the young person wish to speak with youth worker Yes ( ) No ( )

**Please tell us if there is a particular type of support the young person needs:**

To speak to someone face-to-face for a one-to-one conversation

To meet someone to go to a LGBT+ Youth Group

To speak to someone over email

To speak to someone over Facebook messenger

To speak to someone over the telephone

Other:

Is there any other information we need to know? Risk to self, risk to others etc)

**Emergency Contact:**

In an emergency who is the main parent/carer/responsible person for the young person?

Their name:

Their address:

Their phone number:

What is the name they know the young person as?

What pronoun/s do they know the young person as?

What is their relationship to the young person?

Is the emergency contact aware that the young person is accessing the project?

**General Data Protection Regulation**

Please see: <https://www.theproudtrust.org/wp-content/uploads/download-manager-files/GDPR%20Privacy%20Notice%202018.pdf>

If you are completing this form electronically you can ask a member of staff from The Proud Trust to print a copy for you to sign when they meet you or you can print and sign it and bring with you.

Signature:

Date:

Return to:

[info@theproudtrust.org](mailto:info@theproudtrust.org)

Operational Director

The Proud Trust

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