**CLIP (Croydon Local Intelligence Programme) referral form**

Once completed please email to [clip@croydon.gov.uk](mailto:clip@croydon.gov.uk)

Information about the timescales can be found in the accompanying operational guidelines and flowchart

**Fields marked with a \* must be completed**

**YP = young person**

**Please complete in CAPITALS**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE OF COMPLETION:** | | | |
| YP forename \* |  | Date of birth \* |  |
| YP surname \* |  | Ethnicity |  |
| YP mobile |  | Gender |  |
| YP email address |  | Religion |  |
| Address \* | Postcode: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent / carer info: \*** | | | |
| Name \* |  | Relationship \* |  |
| Mobile no. \* |  | Home no. |  |
| Email \* |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Education / employment (please tick all that apply)** | | | |
|  | At school / college – please state: |  | |
|  | Doing volunteer work |  | On a training scheme |
|  | Employed |  | Unemployed |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is this young person supported by any other services? (please tick all that apply)** | | | |
|  | Social Services |  | Early Help |
|  | Youth Offending Service (YOS) / probation |  | Child Adolescent Mental Health Service  (CAMHS) |
|  | Keyworker / mentor / support worker |  | Other . . . please state: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does the young person have a learning difficulty / disability or any medical conditions?** | | | | | |
| Yes |  | No |  | If yes, please state below: | |
| **Please outline the learning needs of the young person:** | | | | | |
|  | | | | | |
| **Tell us a bit about the young person:** e.g. skills, hopes, interests, aspirations?  **Please also detail any safeguarding and / or behavioural needs that you are aware of.** | | | | |
|  | | | | |

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| --- |
| **Tell us a bit about the concerns you have that have triggered this referral.**  **Please reference the operational guidance criteria in this section.** |
|  |

**How we use information about the young person**

**Why we collect and use this information**

We use children and young person’s data to enable us to carry out statutory functions for which we are responsible, including safeguarding and welfare of children. We also use the information to evaluate, monitor and review service provision and produce statistics and reports which inform decisions made by the council. Evaluations and statistics are used in such a way that individual children / young people cannot be identified from them.

**Personal and sensitive information**

We collect, process, hold and share the following information:

* personal information (such as name, date of birth, contact details and address)
* parents/carers contact information
* young people’s participation records

**Consent:**

If consent to collect, process, hold and share information is denied (a **no**) or withdrawn, this may impact the young person’s ability to fully participate in the programme. Consent can be withdrawn at any point.

*For more information, including who we may share information with, please see our Privacy Notice which outlines information the Youth Engagement team holds and what we do with it.* [*https://www.croydon.gov.uk/democracy/data-protection-freedom-information/privacy-notices/education-youth-engagement-service-privacy-notice*](https://www.croydon.gov.uk/democracy/data-protection-freedom-information/privacy-notices/education-youth-engagement-service-privacy-notice)

|  |  |  |
| --- | --- | --- |
| **Consent** | **Yes** | **No** |
| I confirm I have spoken to the parents or carers of the young person named above to make this referral and I have explained the process of consent. The parents and carers agree to this referral. |  |  |
| I give consent for **personal and sensitive information** about this young person to be collected, processed, held and shared by Croydon Council’s Education and Youth Engagement Team and its delivery partners. |  |  |

**Name:**

**Relationship to young person:**

**Signature: Date:**