**REFERRAL FORM**

**HEADLIGHT**



**Name of Young Person:**

**Date of Birth:**

**Address:**

**Postcode:**

**Email:**

**Telephone:**

**Gender/how they identify:**

**Have they been referred to Mental Health Services? \***

[ ]  **Currently seeing CAMHS (under 18)**

[ ]  **Currently seeing AMHS (over 18)**

[ ]  **On waiting list for CAMHS**

[ ]  **On waiting list for AMHS**

[ ]  **No**

[ ]  **I don't know/other (please specify)**

**Please add any further information you feel is necessary. (Opportunity to discuss in detail will be available with the Mental Health Worker during assessment meeting)**

*If applicable:*

***Parent Guardian Name:***

***Parent/Guardian Telephone:***

***Parent/Guardian Email:***

**Signed (Referrer/Contact):** **Date:**

**HOW WE USE YOUR DATA**

**Thank you for completing this referral form.**

**The information you have provided will be stored on a secure information management system held by Headlight at Action East Devon, for the purposes that it was provided for and will not be shared with any other parties. Action East Devon is registered with the Information Commissioner’s Office (ICO) for Data Protection and make every effort to maintain high quality standards and comply with the Data Protection Principles and General Data Protection Regulations. We only hold information when it is necessary for us to carry out our work, and when you have given us permission to do so, therefore request your consent for us to hold your information:**

***I consent for Headlight, run by Action East Devon, to hold the information I have provided in this referral form for the purpose it was intended for***

[ ] **Yes**

[ ] **No**