**Parents/Carers Support Group Referral Form**

You can view our GDPR statement and confidentiality here - [Privacy & Safety Info](https://www.matthewprojectyoungpeople.org/privacy-info)

Please email **unity@matthewproject.org** with the completed form or with any questions you may have.

**Part 1: Information we need**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Todays date: | | | |  | | | | |
| Are you a parent/carer of a young person using drugs/alcohol? | | | | Yes  No | | | | |
| Is the young person currently receiving support from us? | | | | Yes  No  *If no and the young person would like to be supported by us, please visit our supporting you page.*  *If your child is over 18, you won’t be eligible to attend the parents group. We recommend you speak with CGL.*  If | | | | |
| Name of your child's worker at The Matthew Project (if applicable): | | | |  | | | | |
| Parent/Carers Details: | | | | | | | | |
| Full Name: | | | |  | | | | |
| Preferred Name (if applicable): | | | |  | | | | |
| Preferred Pronouns: | | | | She/Her  He/Him  They/Them  She/Them  He/Them  Other, please specify: | | | | |
| Date of Birth: | | | |  | | | | |
| Contact Number: | | | |  | | | | |
| How would you like to be contacted?  *E.g. phone, text, email.* | | | |  | | | | |
| Email Address: | | | |  | | | | |
| Address: | | | |  | | | | |
| Postcode: | | | |  | | | | |
| Do you have any access requirements?  *Physical (wheelchair access), mentally (anxiety), or culturally* | | | |  | | | | |
| Nationality:  *E.g. British, Portuguese* | | | |  | | | | |
| Speaks English: | | | | Yes  No If no, preferred language: | | | | |
| Young Person Details: | | | |  | | | | |
| Is the young person aware of this referral? | | | | Yes  No | | | | |
| Relationship to the young person: | | | |  | | | | |
| Referrer Details (If you are doing a self-referral you can skip this section) | | | | | | | | |
| Name of Referrer: | | | |  | | | | |
| Relationship to Client: | | | |  | | | | |
| Name and Address of Organisation: | | | |  | | | | |
| Contact Number: | | | |  | | | | |
| Contact Info e.g. *best time to call*: | | | |  | | | | |
| Email Address: | | | |  | | | | |
| Referral information: | | | | | | | | |
| Reason for wanting to join the parents/carers support group: | | | | | | | | |
| Details about the young person’s drug and/or alcohol use: | | | | | | | | |
| Substance | **Frequency** | **Quantity** | **Route** | | **Cost** | **Last used** | **Age first used** | **Prescribed** |
| 1: |  |  |  | |  |  |  |  |
| 2: |  |  |  | |  |  |  |  |
| 3: |  |  |  | |  |  |  |  |
| Other organisations you are being supported by: | | | | | | | | |
| Are you receiving any support from Children Services? If yes, what type of support? | | | |  | | | | |
| Are there any other services involved with your family? | | | |  | | | | |
| Which education provision is the child/young person attending? | | | |  | | | | |
| How did you hear about us? | | | | Our Website  Another organisation website  Internet search  Social Media  Event  A friend told you about us  A professional told you about us (e.g. teacher, social worker)  Poster/Leaflet  Other, please give details: | | | | |

**Part 2: Equality, Equity, and Diversity Questions**

|  |  |
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| Equality, Diversity and Inclusion (This section is optional): | |
| All the questions in this section are voluntary, so you can leave it blank if you prefer. The reason we ask these questions is to monitor equality across our projects and make sure that everyone is treated fairly. If you are a referrer, please complete this section with the parent/carers details. *(Please complete only if you are happy to do so)* | |
| How do you describe yourself? | Female  Male  Gender non-conforming  Non-binary  Transgender Female  Transgender Male  Prefer not to say  Other Gender *(if other, please specify):* |
| Does your gender differ from the gender you were assigned at birth: | Yes  No  Prefer not to say |
| Do you consider yourself to be: | Bisexual  Gay or Lesbian  Heterosexual or Straight  Prefer not to say  Other *(If other , please specify):* |
| Ethnicity (Please circle the one that applies): | **Asian or Asian British** (Bangladesh, Chinese, Indian, Pakistani, Any other Asian background)  **Black, Black British, Caribbean or African** (African, Caribbean,Any other Black, Black British, or Caribbean background)  **Mixed or multiple ethnic groups** (White and Asian, White and Black African, White and Black Caribbean, Any other Mixed or multiple ethnic background)  **White** (English / Welsh / Scottish /Northern Irish / British, Irish, Gypsy or Irish Traveller, Roma, Any other White background)  **Prefer not to say**  **Other ethnic Group** (Arab/Any other ethnic group) *(If other, please specify):* |
| Religious beliefs: | Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  No Religion  Prefer not to say  Other religion *(if other, please specify):* |