|  |
| --- |
| Section One - Personal Data |
| Name:  | DOB: | Identified Gender:: |
| Address: | Your Mobile: |
| Home: |
| Your Email: |

**Parent’s Mobile and Email**

|  |  |
| --- | --- |
| Parent/Carer Name |  Mobile: |
| Home: |
| Your Email: |

|  |
| --- |
| Section Two: Needs |
| How would you describe your mental health and support needs? |  |

|  |  |
| --- | --- |
| Section Three: Care planning |  |
| * Do you have a Care plan in place?
* Who's Involved in Supporting the Care Plan?
 |  |
| Is English your first language ❑ Yes ❑ No |  |
| EHCP: ❑ Yes ❑ No |  |
| Do you currently attend school?Name of school: |  |
| Are there any difficulties, disabilities or additional needs we should be aware of: |

|  |
| --- |
| Section Four – Risk assessment |
| Please give as much detail as possible. This does not mean that you won’t be accepted onto the programme but helps us to keep everyone safe.* Risk to Self/Others/Vulnerability (e.g., abuse, exploitation, domestic violence, substance use, communication difficulties, learning disability, etc.):
* Physical Health Risks:
* Plans for Mitigation of Risk ( do you have any safety plans?)
 |

|  |
| --- |
| Section Five: Statistical data |
| Ethnic Origin -Nationality Where have you lived for the last 3 years - UK EU other |

|  |
| --- |
| Section Six: Any other information you would like to tell us |
| What are your Goals? What's Important to you? What are your strengths and interests? |

|  |
| --- |
| Section Seven: Declaration |
| I am aware Inclusion Education complies with the General Data Protection Regulations and details of how they use, store and share data is provided in the Privacy notice on the website, [www.inclusioneducation.org.uk](http://www.inclusioneducation.org.uk) (please tick box confirm) |
| Do you have a criminal record - ❑ Yes ❑ No |  |  |
| Are you in local authority care - ❑ Yes ❑ No |  |  |
| Do we have consent to share information with CAMHS? - ❑ Yes ❑ No |  |  |
| **Applicant Signature**  Date |
| **Signature of Parent Carer (if under 18)** Date |
| Name of Parent |

**Please return the completed form, and any attached documents, to:**

For Office Use Only

Please check -

* Confirmation that applicant has seen the privacy notice
* Consent for contacting CAMHS y/n