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| 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: |

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

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| --- | --- |
| 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: | |

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| 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?) |

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

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| 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? |

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| 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