**Children & Young People Health & Wellbeing Pre Questionnaire**

1. **Who is completing this form:**
* I am the young person
* I am a professional completing with young person
* I am the parent completing with young person
1. **Referrers name and contact details: (If you are a professional or a parent completing this on behalf of a young person, please fill out the following section.)**
* Name:
* Job Title:
* Telephone no.
* Email:
1. **Young Person's first name & surname:**
2. **What do you like to be called?**
3. **Young person email address:**

1. **Date of Birth:**

1. **Gender:**
* Female
* Male
* Transgender
* Rather not say
* Other
1. **Ethnicity:**
* Asian or Asian British
* Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background
* Black, Black British, Caribbean or African
* Caribbean
* African
* Any other Black, Black British, or Caribbean background
* Mixed or multiple ethnic groups
* White and Black Caribbean
* White and Black African
* White and Asian
* Any other Mixed or multiple ethnic background
* White
* English, Welsh, Scottish, Northern Irish or British
* Irish
* Gypsy or Irish Traveller
* Roma
* Any other White background
* Other ethnic group
* Arab
* Any other ethnic group
1. **In case of an emergency who would you like us to contact?**
* Name:
* Contact number:
* What is their relationship to you?
1. **What type of referral is this? (How did you hear about our service)**
* Self
* GP
* Parent
* School
* Other: Please specify
1. **GP Surgery:**
* Shefford Health Centre
* Larksfield Surgery
* Arlesey Medical Centre
* Lower Stondon Surgery
* Not listed here (If your surgery is not listed here, unfortunately, you will not be able to access this service. Please contact your surgery for alternative support.)
1. **School Attending (if applicable)**
* Shillington Lower School
* Stondon Lower School
* Raynsford Lower School
* Derwent Lower School
* Henlow Accademy
* Robert Bloomfield
* Samuel Whitbread
* Pixbrook Accademy
* Etonbury Accademy
* Gravenhurst Lower School
* Shefford Lower School
* ACB (Academy of Central Bedfordshire)
* Virtual School (Central Bedfordshire)
* Home schooled
1. **Year Group:**
* Year 4
* Year 5
* Year 6
* Year 7
* Year 8
* Year 9
* Year 10
* Year 11
* Year 12
* Year 13
1. **Are you in full time education:**
* Full time education
* Reduced Timetable
* Home schooled
* Alternative provision
1. **Please provide a summary of the difficulties you have been having:**
2. **Have you ever been supported by or are you being supported by any other services/ agencies (social care, CAMHS, mental health team)**
3. **Have you ever been diagnosed with or referred for assessment for neurodiversity or additional needs?**
4. **What are you hoping to get from the coaching sessions?**
5. **What is your goal? What would you like support in achieving?**
6. **Is there any additional information we need to know for you to access our services? e.g. language, disability, access issues?**

By completing this form, you agree to us collecting and using your personal data to provide you with support and ensure your health, safety, and wellbeing.

[ ]  Consent

[ ]  Decline (If you decline to provide your consent, we will not be able to offer you support. We need your consent to collect and use your personal data for this purpose.)

Signed:

**Privacy Notice:** We will always respect your personal information and privacy.
All information which is shared is confidential, subject to the following conditions:
- All coaches are required to have supervision for ongoing professional development. Individual cases and information might be discussed as part of this process, but service users’ anonymity will be protected at all times.
- Your doctor will be able to see you are being supported by a coach but will ot have access to notes from your sessions.
- Coaches are not permitted to keep secrets. They are bound by a duty of care to share any information which might give any cause for concern.

**Your Rights:**To comply with the new regulation we have procedures and technologies in place so by making a written request you can exercise your:
Right to be informed about how we collect and use your information.
Right of access : We have an ‘open file’ process which enables you to access all your records whenever you wish.
Right to rectification and data quality : We will ensure that the personal data we hold remains up-to-date and accurate.
Right to erasure : We have processes in place to securely dispose of personal data that is no longer required, or where you have asked for it to be erased. However, please note that Ivel Valley PCN is subject to laws governing retention periods.
Right to object to the use of your personal data : We will not use your data for direct marketing without your positive consent. You also have the right to restrict our processing of your data while we address any objection you raise.
Right to data portability : We will provide your data to a new or additional service provider if you so wish.