

Young people's support request form



Please complete all sections and return to:

Baseline, 39 Lewis Grove, Lewisham SE13 6BG or by email to paypforms@lewisham.gov.uk

Your details:

Name _____

Date of birth _____

Gender male: female:

Address _____

Postcode _____

Home phone number _____

Mobile phone number _____

Email address _____

School/college attended _____

Please tick to get updates about things to do for young people by:

email: text:

Please tick any areas you need support with:

- | | |
|-------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> housing | <input type="checkbox"/> young carer |
| <input type="checkbox"/> help with school/college | <input type="checkbox"/> signing up to activities |
| <input type="checkbox"/> help with benefits | <input type="checkbox"/> learning support |
| <input type="checkbox"/> being bullied | <input type="checkbox"/> mental/physical health issues |
| <input type="checkbox"/> teenage parent/pregnancy issues | <input type="checkbox"/> gangs |
| <input type="checkbox"/> help with your CV or finding a job | <input type="checkbox"/> getting benefits ES9 |

Are you working with any other agencies? eg. Youth Offending Service, Looked After Team, Leaving Care Team, Young Carers.

Yes: No:

If yes, please give us brief details: _____

Is there anything else you'd like to add?

Please tick the box that best describes you

- | | |
|--------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Black African | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> White British | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Other (write your description) _____ |
| <input type="checkbox"/> White European | |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> White and Black African | |

Signature of young person

Date _____

Guardian consent (if young person is under 16 years)

Name _____

Relationship _____

Signature _____

Date _____

We will be in touch within 3 working days.

Lewisham Council will process your personal data in strict accordance with the Data Protection Act 1998. Your personal data will not be shared with anyone outside the Youth Service subject to the following exceptions:

- where staff have your consent to disclose your personal data
- where staff would be liable to civil or criminal court procedure if the information was not disclosed
- where staff believe you are at serious risk
- where staff need to consult another council service to obtain further information relating to your case.