|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Face Time Support Application Form B**  This form is for individuals only and should not be completed by professional referrers. A form for referrers can be found in the ‘For Referrers’ section of thedoor.org.uk  Use this form alongside ‘Family Face Time Application Form A’ to add family member for support.. | | | | | | | | | |
| **SECTION A: Details of the person in need of support: Please tick all that apply** | | | | | | | | | |
| I’m a Young Person | € | I have A Social Worker | € | | | I’ve experienced the criminal justice system | | | € |
| I’m a Parent/Carer | € | I’m in care/a care leaver | € | | | I ‘m a Refugee / Asylum Seeker | | | € |
|  | | | | | | | | | |
| First Name(s): | | | | | | | Pronouns: | | |
| Last Name: | | | | | | | Date of Birth: | | |
| Ethnicity/Nationality: | | | | | | | | Sex: | |
| Address:  Postcode: | | | | | | | | | |
| Home Phone: | | | | Mobile Phone: | | | | | |
| Email: | | | | | School/ College: | | | | |
| **Emergency contact details (if different from preferred contact)** | | | | | | | | | |
| Name: | | | | Number: | | | | | |
| Relationship to applicant: | | | | | | | | | |
| **SECTION B: What do you want to get from taking part in sessions?** | | | | | | | | | |
| . What kind of support are you looking for? What difference will the support make for you? | | | | | | | | | |
| **SECTION C: Declarations and Signatures** | | | | | | | | | |
| I understand the need to commit to support and attend all meetings.  I agree to The Door storing and processing my personal data in connection with my support, to preserve my safety and the safety of others.  I understand that The Door works with other trusted agencies that also provide individual and family support. If The Door considers it more appropriate for one of these other agencies to support me or my family, I consent to The Door sharing my application for support / referral with this agency.  I understand that The Door will inform me if this is the case.  Signed (Person looking for support) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Carer if under 13 years)  Name(printed) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For full details of The Door’s privacy policy, please see **thedoor.org.uk/privacy** | | | | | | | | | |

Please return this form to The Door by email to **mentoring@thedoor.org.uk**or by post to **The Door, 44-45 High Street, Stroud, GL5 1AN**