

Application for the Door Step Programme

By completing this form you consent to The Door contacting and sharing the details provided on this form with your current school and with the school you will be attending in the next academic year.

Details of the person in need of support:

Name:	Date of Birth:
Current Primary School:	
Secondary School Stepping Up To in September:	
Address:	
	Postcode:
Home Phone:	Mobile Phone:
Email:	

Contact Details of Parent / Carer:

Name:	Number:
Relationship to applicant:	

Emergency contact details (if different or additional from above)

Name:	Number:
Relationship to applicant:	

Current Support: Are you currently being supported by any of the following?

	Yes	No	Contact name
Social Services			
Families First (Early Help Hub)			
2gether NHS CYPS			
Gloucestershire Young Carers			
Education Inclusion			
Elective Home Education			
School nurses/pastoral team			
Other (Please specify):			

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the thumbs up, the better things are. The closer to the thumbs down, things are not so good. There are no right or wrong answers.



Me – How am I doing?	1	2	3	4	5
Family – How are things in my family?	1	2	3	4	5
Primary School – How am I doing at school right now?	1	2	3	4	5
Secondary School – How do I feel about going to secondary school?	1	2	3	4	5
Everything – How is everything going?	1	2	3	4	5

(To be completed by the young person) – How would you like the Door Step to help you?

Signatures

Young Person

I confirm I have discussed the Door Step with my parent(s)/carer and I want to attend all sessions.

Signed: _____

Parent/Carer

I confirm that I am aware of this application. I understand the need to commit to supporting the applicant, to ensure they attend all sessions, and I will attend any sessions that are relevant to me

Signed: _____

Endorsement (Lead Professional or Teacher) *Optional*

I confirm that I am aware of this application and I believe the applicant would significantly benefit from participation in Door Step.

Signed: _____

Please return to The Door Administration Team with a signed copy of The Door's information and sharing consent at either info@thedoor.org.uk or 44-45 High Street, Stroud, GL5 1AN

Consent to Support, Information Sharing and Photography

PLEASE READ THE FOLLOWING CAREFULLY AND THEN SIGN AND DATE THE FORM. BY SIGNING BELOW YOU ARE AGREEING TO THE FOLLOWING:

- I consent for myself / my child / my family to be supported by The Door
- I consent to The Door storing and processing my personal information and information about my circumstances for the purposes of safeguarding and providing me and (where applicable) my family with the best possible support. I understand that it may also be used on anonymised basis for the purposes of monitoring and improving The Door's services.
- I have been informed that there may be a need to share this information with other agencies working with me and my family so that they can work together and meet our needs. I understand if this is the case that I will be kept informed of this need.
- I consent to The Door Youth Project sharing my personal information as well as relevant information about myself, my family and my circumstances required to meet our needs with:

	✓		✓
GPs		Employers	
Mental Health Services		Parents/guardians	
Education and Schools		Social Services Children & Young People Team	
Youth Support Services		Housing agencies	
Police		Drug and Alcohol Support Services	
Job Centre		Domestic Abuse Support Services	

I do **NOT** consent for The Door Youth Project to share my information with:

However I understand that the exception to the above is that confidentiality may not be maintained when a person may be at risk from significant harm, abuse and terrorism, or where it is required by law to share this information.

- I give my consent for photos and videos of me to be taken by The Door whilst I am participating in The Door's activities, and for The Door to use these photos/videos in their fundraising and publicity.

- Please tick here to indicate that you agree with this photo consent:

I have read and understand the contents of this form and agree for my information to be collected and shared as detailed above.

(Parent/Guardian consent if applicant under 13yrs) Signed: _____

Name: _____

Date: _____