**180 Young People’s Project**

**Please email referral forms to** **referrals@180project.co.uk** **who will check the referral and then will forward and discuss with CSC &** **2713@lancashire.police.uk**

**Unit 25 Albert Mill, Albert Place [off Duchess Street], Lower Darwen, BB3 0QE**

**Phone number: 07931 411996 or 07443 207261**

| **The Young Person** |  |
| --- | --- |
| Name |  |
| Address |  |
| YP contact number |  |
| Age |  |
| Date of birth |  |
| Name of School |  |
| 180 will provide progress updates to the referrer to ensure you gain the most positive outcomes.  |  |
| Do you consent to be referred to 180 & your details being stored in line with GDPR |  |
|  |  |
| **Parent / Carer Consent** |  |
| Do you consent to your Young Person being referred to attend The 180 Project? |  |
| Do you consent to your Young Person’s details being stored on the 180-case management system in line with GDPR? |  |
|  | At their first 180 session your YP will complete a Physical Waiver [assessing its safe for them to workout] and sign a confidentiality agreement **Please tick the box to agree**180 will provide progress updates about your YP to the referrer. This is to ensure the most positive outcomes are achieved. **Please tick the box to agree** |
|  |  |
| **Parent / Carer Information** |  |
| Relation to Young Person [YP] |  |
| Name |  |
| Address |  |
| Contact number |  |
| YP’s emergency name & contact number |  |
| How will your YP travel to the gym?  |  |
| Would you like to be informed if your YP doesn’t attend 180? |  |
| Will your YP require free gym kit to participate in 180?If so, please provide sizes.  |  |
| Does your YP have any dietary requirements we need to be aware about?  |  |
| Is there any reason your YP should not take part in physical activity? |  |

| **Referrer information** |  |
| --- | --- |
| Name & job title |  |
| Organisation |  |
| Email and phone number |  |
| How did you hear about us? |  |
| Which issues are you hoping 180 will support the YP with? |  |
| Is the Young Person currently at risk of sexual and or criminal exploitation?  |  |
| Does the Young Person have a diagnosed Mental Health Issue?  |  |
| Are they taking any medication? |  |
| Are there any other conditions we should be aware of? |  |
| Are there any risks 180 needs to be aware about? |  |
| Does the YP have a criminal record?  |  |
| Is the YP engaged with the Criminal Justice System? |  |
| Does the YP use substances including alcohol? |  |
| Date referred to 180 |  |
| **SUMMARY**PLEASE PROVIDE A BRIEF SUMMARY OF THE YOUNG PERSON, PERSONALITY, INTERESTS, TRIGGERS, WARNINGS, TIPS USEFUL FOR THE 180 STAFF.  |   |

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 **The 180 Project**

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