

Address:	Home phone no:
Postcode:	Mobile no:
	Email address:

Required support from Shine (please circle all that apply):

One to one support	Homework Club
Informal Learning	School Enrichment
Youth Club	Social activities & trips
Positive engagement	Other (please specify)

Reason for referral to Shine:

Are there any other Agencies Involved? Please specify:

Is there a Common Assessment Framework (CAF) or Team Around The Child (TAC) in place? (If yes please give contact details of Lead Professional and date of next meeting if known)

YMCA Trinity Shine Project Confidentiality Statement

“YMCA Trinity has clear policies and procedures regarding safeguarding and data protection. We treat personal information as very important and aim to ensure that all personal information is treated lawfully and ethically. All information will only be used to enhance the welfare of our service users. YMCA Trinity cannot promise confidentiality where there is clear evidence of serious risk to the young person or to the welfare of others.” This information will be stored for the duration of the youth project and all details will be made anonymous if used in any further documentation.

Please sign here to confirm you agree and would like someone from the Shine Project to get in touch with you:

Young Person

Name of parent/guardian

Signature of parent/guardian

YMCA enables people to develop their full potential in mind, body and spirit. Inspired by, and faithful to, our Christian values, we create supportive, inclusive and energising communities, where young people can truly belong, contribute and thrive.

Note to parent/guardian:

So that we can support your young person, it is important that we talk to other organisations who are also working with your family. This is so that we don't duplicate work but also helps us to understand their needs so that we can support them in the best way possible.

To complete a personal development plan with your young person we may go into School and meet with them. We will contact you once the plan is complete to let you know the outcome and what services we are able to offer.

Please sign here to confirm you agree and to give your permission for YMCA Trinity Shine Project to visit your child in School:

Signature of parent/guardian

Date

Please send your fully completed form to:

**YMCA Trinity
Shine Project
Imperial House
Lowestoft
Suffolk
NR32 2AA**

Or email it to shine@ymcatrinity.org.uk



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SUPPORT & ADVICE

ACCOMMODATION

FAMILY WORK

HEALTH & WELLBEING

TRAINING & EDUCATION