

Chance2Change Self-Referral Form



Personal Details

Full name:

Age:

Date of Birth:

Gender preference:

Ethnicity: White/British White/Other Black/British Black/Caribbean
Black/African Black/Other Black/Mixed Asian/Chinese
Asian/Indian Asian/Pakistani Asian/Other Other

Mobile number:

Email:

Address
including
Post Code:

Please tell us briefly why you have referred yourself for support from the C2C Team

Young Person Living Situation

Living alone

Living with parent/carers

Homeless

Other (please give brief details):

Living with partner

Living in temporary/unstable accommodation

Rough Sleeping

Living with children

Sofa Surfing

Details of any other professionals involved (Example, Social Care, CAMHS, 16+ worker, Probation etc...)

Name of Contact:

Agency:

Telephone Number:

Name of Contact:

Agency:

Telephone Number:

Details of their involvement:

Declaration

I confirm that this information is accurate.

I agree that this information can be shared with relevant professionals working with me and with **Chance2Change** staff.

I understand that this information will be stored securely by YMCA Leicestershire for up to six years before being destroyed in line with GDPR.

I give permission for YMCA Leicestershire **Chance2Change** project to contact me or other agencies to get further information to assess my suitability for the project.

Signed:

Date:

Please return completed form to: c2c@leicesterymca.co.uk