

# ENGAGE CONSENT FORM

Please complete ALL details of this form and hand back to an ENGAGE member of staff. The information on this form is private and confidential.

## YOUNG PERSON'S DETAILS

|                |  |
|----------------|--|
| Name:          |  |
| Date of Birth: |  |
| Gender:        |  |
| Ethnicity:     |  |

## Current Education/Employment/Training (Please circle)

|            |                     |               |                   |      |         |          |
|------------|---------------------|---------------|-------------------|------|---------|----------|
| Mainstream | Alternate Education | Home Schooled | Specialist School | NEET | Post 16 | Employed |
|------------|---------------------|---------------|-------------------|------|---------|----------|

## YOUNG PERSON'S CONTACT DETAILS

|               |  |
|---------------|--|
| Home Address: |  |
|               |  |
| Postcode:     |  |
| Telephone:    |  |

## PARENT/CARER DETAILS

|           |  |
|-----------|--|
| Name:     |  |
| Telephone |  |
| Email:    |  |

## MEDICAL DETAILS

|                                     |  |
|-------------------------------------|--|
| Name & Address of Doctor's Surgery: |  |
|                                     |  |
|                                     |  |
| Doctor's Telephone:                 |  |

## SPECIAL EDUCATIONAL NEEDS OR DISABILITIES

|                         |        |          |       |                       |         |      |
|-------------------------|--------|----------|-------|-----------------------|---------|------|
| ADHD                    | AUTISM | DYSLEXIA | AUDHD | LEARNING DISABILITIES | UNKNOWN | NONE |
| OTHER (PLEASE DESCRIBE) |        |          |       |                       |         |      |

## Does your child have an EHCP (Education Health & Care Plan)?

|         |    |            |
|---------|----|------------|
| Yes     | No | In Process |
| Unknown |    |            |

## Medical Conditions/Allergies & Medication

|  |
|--|
|  |
|  |
|  |

## DATA COLLECTION

### FAMILY SITUATION: Who does the young person live with?

|                                               |                |                |
|-----------------------------------------------|----------------|----------------|
| Parents                                       | Single Parents | Shared Custody |
| Looked After Child                            | Adopted        | Relatives      |
| Informal                                      | Other          | Unknown        |
| How many siblings does the young person have? |                |                |
| Brothers:                                     | Sisters:       |                |

## Additional Services & Support

### Does your child access the following services: Please circle

|        |            |             |
|--------|------------|-------------|
| CAMHS  | Early Help | Social Care |
| Relate | None       | Unknown     |
| Other: |            |             |

## MEDIA

We are proud of the work we do and like to record our work. With this in mind, a photo or video record of any events may be taken for display or promotional purposes through our website, social media, newspapers, flyers and promotional materials. You must notify any ENGAGE member of staff should you have any objections.

Signed:

## EMERGENCY PERMISSION

In the event of illness or any accident requiring emergency medical treatment, I authorise any treatment necessary.

The adult signing this must be a person with parental responsibility for this child and must have full legal rights over the child.

Signed:

## CONTACTING AN ENGAGE STAFF MEMBER

You are giving permission for you and your son/daughter to contact their ENGAGE Youth Worker at any time during their working hours up to 9pm. All interactions are recorded where possible for safeguarding purposes and will be shared with their Designated Safeguard Lead.

Signed:

## TRANSPORT

As part of our ENGAGE service (121 support and group work services), we provide transport to young people to access their educational provisions. You are giving permission for ENGAGE staff to do this and to be brought back to their provision or to a destination approved by the parent/guardian.

Signed:

## PLEASE ADD ANY ADDITIONAL INFORMATION HERE

If you need any further information, please call Melton Learning Hub on 01664 564 967.

Forms can be emailed to: [joe.engageproject@gmail.com](mailto:joe.engageproject@gmail.com)