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 **SOUND ADVICE Introduction Form (Referral Form) 24/25 .
 Music** project for young people **11-18years**

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| **Date of referral:Service required: [please highlight]** * **Live recording**
* **Track / Song writing skills**
* **Music production skills**
* **DJ workshop**
* **Beat Making**
* **Mixing & Mastering**
 | **Please complete this form to introduce a young person to us :**  **Email in to** **info@ruffandruby.com****Please note you will also need to complete the permission form with parents/carers along with THIS form – OR if the YP is under 18 & you are deemed as the ‘significant adult’ then please fill in PRIOR to services being delivered.**  |
| **Details of person/professional making referral****Name:****Referral Agency / Relationship to Young Person:****Email:****Tel:** | **Details of Young Person****Name:****Address:****DOB: (must be 13+)****Gender:****Contact Tel:****Email:****School/College/education placement/NEET:** |
| **Reason for referral (this must include a brief description of the background & needs of the young person):** (continue n separate sheet if necessary).  |
| **Does the young person have any health needs (physical or mental) that we should be aware of in order to support them more effectively?****Please tell us any other relevant information:** (continue on separate sheet if necessary) |

The following must be completed for the referral to be valid. Thankyou.

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| **Multi-agency support** |
| **If the young person has a social worker or any other involvement with professional agencies [e.g. youth offending worker, mentor, psychologist] please state name, role & contact details below. Ruff & Ruby are committed to sharing information with other professionals on a need-to-know basis.****Name:****Tel:****Email:****There are no agencies involved with this young person** |

Here at Ruff & Ruby we take privacy seriously and will only use personal information to provide the services you have requested/have been referred for/ are giving permission for.

From time to time we may need to contact you with details of programs and services you have requested/have been referred for/ are giving permission for.

If you consent to us contacting, you for this purpose please tick below to say how you would like us to contact you.

We may also find necessary to pass your details on to other agencies/professionals that specialise in more focused areas of need so that they can contact you about support and the services that they provide.

If you consent to us passing on your details for that purpose, please tick below to confirm.

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| Professionals: | Young Person (under 18): | Parent / Guardian: |
| **I agree** **for my data to be stored and passed on if necessary** ☐**You may contact me via:Email** ☐   **Telephone** ☐   **Text message** ☐  Signed: Date: | **I agree** **for my data to be stored and passed on if necessary** ☐**You may contact me via:Email** ☐   **Telephone** ☐   **Text message** ☐  Signed: Date: | **I agree** **for my data to be stored and passed on if necessary** ☐**You may contact me via:Email** ☐   **Telephone** ☐   **Text message** ☐ Signed: Date: |