

The Diversity Trust CIC - Young Person 1:1 Referral Form

Please fill in this form and email it to jacob.gregg-harris@diversitytrust.org.uk. For any further questions you can email Jacob and he will be able to answer them.

Name of Young Person	
Alternative Name/s If your school or any organisation know you by a different name, please state this here. This will be kept confidential and never used. This is so we can communicate with a school or other organisation if needed for safeguarding purposes.	
Date of Birth	
Pronouns:	
School:	

Reason for Referral:

Name of Refer:	
Refer Email Address:	
Refer Phone Number:	

Emergency Contact Name:	
Emergency Contact Number:	
Relationship to Young Person:	
Is the Young Person out about their identity to their Emergency Contact? Do you need us to use different name/pronouns?	

Is there anything else we need to be aware of?
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