Youth Engagement Service – Referral Form

**Young Person’s Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Address |  | | | | |
|  | | | | Postcode |  |
| Date of birth |  | Email |  | | |
| Home no. |  | Mobile no. |  | | |

**Please tick the box that best describes the child/young person**

50% chance of inheriting the gene for Huntington’s

25% chance of inheriting the gene for Huntington’s

Not at risk of inheriting the gene

Other

|  |  |
| --- | --- |
| More info if applicable: |  |
|  | |
|  | |

**What is the young persons ethnic group?**

**White**

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background, please describe:

|  |
| --- |
|  |
|  |

**Mixed/Multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed/Multiple ethnic background, please describe:

|  |
| --- |
|  |
|  |

**Asian/Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please describe:

|  |
| --- |
|  |

**Black/ African/Caribbean/Black British**

African

Caribbean

Any other Black/African/Caribbean background, please describe

|  |
| --- |
|  |
|  |

**Other ethnic group**

Arab

Any other ethnic group, please describe

|  |
| --- |
|  |
|  |

Prefer not to say

**What is the young persons gender?**

Choose one option that best describes the young persons gender

Male

Female

Other gender identity, please describe:

|  |
| --- |
|  |
|  |

Prefer not to say

**Parent/Guardian /Carer Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Contact details | |  | | |
| Address  (if different to above) | |  | | |
|  | |  | Postcode |  |
| Preferred language | |  | | |

**What is your ethnic group?**

**White**

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background, please describe:

|  |
| --- |
|  |
|  |

**Mixed/Multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed/Multiple ethnic background, please describe:

|  |
| --- |
|  |
|  |

**Asian/Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please describe:

|  |
| --- |
|  |
|  |

**Black/ African/Caribbean/Black British**

African

Caribbean

Any other Black/African/Caribbean background, please describe

|  |
| --- |
|  |
|  |

**Other ethnic group**

Arab

Any other ethnic group, please describe

|  |
| --- |
|  |
|  |

Prefer not to say

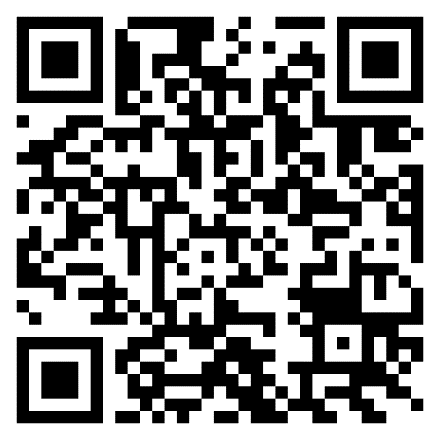
**School details (if applicable)**

|  |  |
| --- | --- |
| School attended |  |
| School contact details |  |
|  |  |
|  |  |

**Reason for referral and any other information**

|  |
| --- |
|  |

**Once completed please return to: To sign up to our parents mailing list please s scan QR code below:**



HDYES

Huntington’s Disease Association

Liverpool Science Park, IC1

131 Mount Pleasant, Liverpool L3 5TF

Or email to [hdyes@hda.org.uk](mailto:hdyes@hda.org.uk).

**The Huntington's Disease Association takes your privacy very seriously. If you would like to learn more about how we manage your personal data please read our Privacy Policy which is available on our website**[**www.hda.org.uk/privacy-policy**](https://www.hda.org.uk/privacy-policy)**. We share data with Trust Impact in order to measure our impact, develop our services and report back to funders. You can view their privacy policy here** [**www.trustimpact.com/privacy-policy/**](http://www.trustimpact.com/privacy-policy/)**.**

**For office use only**

**Date referral received:**

**Initial point of contact:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School/education | Family | CAMHS | Young Carers | Self referral | Social Services |
| SHDA | HDYO | Other |  |  |  |