

## **Privacy Statement**

Start360 understands your privacy is important to you and you care about how your personal data is used. We respect and value the privacy of all our service users and will only collect and use personal data in a way that is consistent with our obligations and their rights under the law.

Under the GDPR, we must always have a lawful basis for using personal data. This may be because the data is necessary for our delivery of services to you, because you have consented to our use of your personal data, or because it is in our legitimate business interests to use it.

We will not share any clients' personal data with any third parties for any purposes, except for two important exceptions:

- In order to ensure you receive the best service possible, we may need to share some of your information with referral agents, our partner organisations, or funders (e.g. to facilitate case conferences or to support your holistic care). Where this is the case, we will always be transparent with you and let you know what information will be shared.
- In some limited circumstances, we may be legally required to share certain personal data, which might include yours, if we are involved in legal proceedings or complying with legal obligations in relation to a safeguarding disclosure, a court order, or the instructions of a government authority.


A full version of our privacy notice is available on our website.

**PLEASE COMPLETE AS MUCH OF THE REFERRAL FORM AS POSSIBLE**

PLEASE INDICATE TO WHICH SERVICE YOU ARE REFERRING TO:

**16+ Transition Team**  
Return to: [16plustransitionteam@start360.org](mailto:16plustransitionteam@start360.org)  
Start360, 6 – 10 William Street, Belfast,  
BT1 1PR - 028 9043 5810

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**DAISY East**  
Return to: [daisy.east@start360.org](mailto:daisy.east@start360.org)  
Start360, 6 – 10 William Street, Belfast,  
BT1 1PR - 028 9043 5810

**DAISY North**   
Return to: [daisy@ascert.biz](mailto:daisy@ascert.biz)  
ASCERT, 1 Queens Avenue, Magherafelt,  
BT45 6AB – 0800 2545 123

**DAISY West**   
Return to: [daisy@ascert.biz](mailto:daisy@ascert.biz)  
ASCERT, 7a Dublin Road, Omagh,  
BT78 1ES – 0800 2545 123

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**VOICES**  
COPING WITH HIDDEN HARM  
A START360 SERVICE

**Voices (North)**  
Return to [voices.north@start360.org](mailto:voices.north@start360.org)   
Start360, 2 Wellington Street, Ballymena,  
BT43 6AH - 028 2568 9356

**Voices (West)**  
Return to [voices.west@start360.org](mailto:voices.west@start360.org)   
Start360, 2 Castle Street, Derry, BT48 6HQ  
– 028 7137 1162

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**Lads to Dads**   
Return to: [ladstodads@start360.org](mailto:ladstodads@start360.org)  
Start360, 6 – 10 William Street, Belfast,  
BT1 1PR - 028 9043 5810

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**PROTECT LIFE**  
CRISIS MENTORING SERVICE  
A START360 SERVICE

**Protect Life**  
Return to: [protectlife@start360.org](mailto:protectlife@start360.org)  
Start360, 6 – 10 William Street, Belfast,  
BT1 1PR - 028 9043 5810

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**SWITCH ON TO EMPLOYMENT**  
A START360 SERVICE

**Switch onto Employment**  
Return to: [SwitchontoEmploymentTeam@start360.org](mailto:SwitchontoEmploymentTeam@start360.org)  
Start360, 6 – 10 William Street, Belfast,  
BT1 1PR - 028 9043 5810

**Client Details:**

Name:

Date of Birth:                      Age:

Address:

Postcode:

Tel/Mob:

Email:

**Parent/Carer/Legal Guardian Details:**  
*(Information below should be provided by / about individual with Parental Consent)*

Name:

Address:

Postcode:

Tel/Mob:

Email:

**GP Contact Information:**

Name:

Address:

Tel:

**Please confirm that the client has agreed to this referral being made – Yes / No**

**Have the parents/guardian been informed of this referral? – Yes / No**

**Referrer Details:**

Name:

Profession:

Address:

Postcode:

Tel/Mob:

Email:

I give my permission to be contacted by Start360 using the details provided.

**Are you the main contact?    Yes / No**  
If no please give details of the main contact:

Name:

Profession:

Address:

Postcode:

Tel/Mob:

Email:

**Client's current or previous school/training or education details (if applicable):**

**Is this client currently engaged with another service?** Yes / No (If yes please specify)

**Reason for referral:**

**Additional Information**

(Please provide as much relevant information in relation to the client to enable appropriate and adequate services to be identified)

**Any risk identified?** (Suicide, self harm, aggression, substance misuse, other risk taking behaviours, history of violence?)

If yes please give details:

**Please give details if the client is subject to a Youth Justice, PBNI, Mental Health or Care Order:**

**Referral Source:**

Dep of Justice Establishment (e.g. Prison Site / Secure Accommodation) / Educational Establishment / Family Member / Justice Service / Self-Referral / Statutory Service / Voluntary or Charitable Sector / Other (please specify):

**How did you hear about Start360?**

Word of Mouth / Social Media / Used Before / Other (please specify):

**Print Name:**

**Date:**