**Young Person’s Self Access:**

|  |
| --- |
| **My Details: Part 1** |
| Pronoun |  |
| First Name |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Age |  |
| Date of Birth |  |
| Email |  |
| Preferred Contact Details (Mobile or Tel.) |  |
| How can we help you at Turning Corners? |
| Are you involved with any other services? |

|  |
| --- |
| **My Details: Part 2** |
| Tell us anything yo would like us to know about yourself? |
| What brings you to join Turning Corners? |
| Disability |  Yes No Prefer not to say  |
| (If yes, please specify) |
| **GP** |
| GP Name |  |
| GP Address |  |
| GP Phone |  |
| Consent to contact GP? |  Yes No  |
| We aim to process your form with in 5 working days, pls call us if it is urgent and you want to expediate application. Please also bear in mind that we have a wait list, but you will be informed and given details so you know what to expect and some services are available whilst you are on wait list. |
| **Next of kin details:**Include name, address, contact number & relationship to you. |  |
|  |
| **Privacy Notice been given to young person?** |  Yes No  |