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**Project Name:** **Choose Change Programme**

**16-24 year olds**

The information contained in this form will be held electronically and may be shared with funding partners.

|  |  |
| --- | --- |
| **Details** |  |
| **Name:****Date of Birth:****Age:** **Address:** **Postcode:****E-mail:****NI Number:** |  |  | **Home phone:****Mobile:****Referrer Name:****Referrer contact details:****Emergency contact name:****Emergency contact phone number:****Date of Referral:** |  |

**How did you hear about the Volunteer Programme?**

**………………………………………………………………………………………………………………………………………..**

**Have you previously registered for volunteering through EDVA Yes / No**

**If yes please detail………………………………………………………………………………………………………….**

We may use your personal details to inform you of forthcoming events

**Please tick to confirm your acceptance**

Please note that video or still photographs may be taken during the project which

may be shared with funding partners and/or used in future marketing materials such

as, but not inclusive to EDVA website, Facebook or Instagram.

**Please tick to confirm your acceptance**

Please note that in certain circumstances, for example, ill mental and physical health or if there are child or adult protection concerns, we will contact the person(s) you have identified as your emergency contact and/ or emergency/crisis services to ensure your wellbeing and safety.

|  |
| --- |
|  **Reasons for participation in the programme? Please tick all that apply.** |
| **Employability Support** [ ]   **Structure/routine** [ ] **Increase Motivation/ goal setting** [ ]  **Build on overall health/wellbeing** [ ] **Build confidence / self-esteem** [ ]  **Work taster** [ ] **Support into education / training / employment** [ ] **What additional ways might we support your journey with the Choose Change Programme?** **.............................…………………………………………………………………………………………****…………………………………………………………………………………………………………………..****…………………………………………………………………………………………………………………..** |

**Please answer all questions marked with \***

**\*Please tick the following boxes that reflect your situation best:**

**Gender:** [ ] Male [ ] Female [ ]  Other [ ] Prefer not to say

If other, please provide details here or tick prefer not to say

………………………………………………………………………………………………………………………………………..

\*We use the following information to tailor support to your needs. Please tell us if you have experience of the following:

[ ]  Prison [ ] non-custodial sentence [ ]  Police charges but no sentence

**Please list all past and current criminal charges and convictions:**

**…………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………**

[ ]  Care experienced (in a children’s home, foster care, kinship care or looked after at home)

[ ]  Young carer (do you have caring responsibility for a parent, sibling, other family member)

[ ]  Young parent [ ]  Homelessness [ ]  Refugee/asylum seeker

**Please provide as much information as possible in the questions below**

**\*Please list any literacy, learning or communication needs:**

**…………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………**

**\*Please list any physical health conditions/ diagnoses and any medications prescribed:**

**…………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………..........................................................**

**\*Please list any mental health conditions/ diagnoses and any medications prescribed:**

**…………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………**

**\*Are you in receipt of any benefits? Yes/ No Please provide details:**

**……………………………….........................................................................................................**

**……………………………………………………………………………………………………………………………………….**

**\*Ethnic origin:**

[ ]  White [ ]  African/Caribbean/Black [ ]  Mixed Racial Group [ ]  Asian

[ ]  Other (eg Arab) [ ]  Chinese, Chinese Scottish or Chinese British

[ ]  Pakistani, Pakistani Scottish or Pakistani British

[ ] Bangladeshi, Bangladeshi Scottish or Bangladeshi British [ ]  Unknown

**\*Which of the following best describes your sexual orientation?**

**Note:**

**Straight/Heterosexual** [ ]  **Gay or Lesbian** [ ]  **Bisexual** [ ]  **Other sexual orientation** [ ]

**Prefer not to say** [ ]

East Dunbartonshire Voluntary Action (EDVA) is a caring organisation and, as such, will treat the information you share with them in confidence, however, if information is disclosed to any member of staff within EDVA which concerns the care or neglect of a vulnerable adult or child, this information will be shared with our Partner Agencies.

**I confirm the information on this form is accurate and I will notify EDVA of any changes**

**Young person Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referrer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**