

Section A: Details of the young person who wants to access counselling (this section must be completed)	
First name:	Surname:
Address including postcode:	Telephone number (mobile if possible, please):
	Date of Birth:
Age at application:	
Email address:	
My diagnosis (please tick): <input type="checkbox"/> I have a diagnosis of M.E. <input type="checkbox"/> I have a diagnosis of CFS <input type="checkbox"/> I don't have a formal diagnosis but have M.E. type symptoms	My symptoms are: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/> very severe
I am seeking support with (please give a BRIEF summary):	
My GP's name and address (we explain in section B why we ask for this):	
How did you hear about the Young People's Counselling Service?	
Are you part of Action for M.E.'s Young People's Community ? (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, would you like further information on the Young People's Community? It's free to join and offers a range of free services where you can connect with others, like our friendly online forum (please tick). <input type="checkbox"/> Yes <input type="checkbox"/> No	
The best way to communicate with me is (please tick): <input type="checkbox"/> Phone <input type="checkbox"/> Email	

PLEASE NOTE we may sometimes send a text to your mobile phone to highlight the offer of an appointment which has been sent by email.

Best time/s of day to contact me:

Section B: Data protection and consent
Please read this section, then sign and date it below

You can find further information about how we process and use your data by reading our Privacy Policy, available online at www.actionforme.org.uk/privacy or we can send you a copy by post. We will use your email/telephone number to keep in contact with you and send you information that you have request or consented to us sending.

If we believe that you are at serious risk of harm, abuse or neglect and this falls within CYP legislation, we may use your personal details to refer you to the Children’s Services in your local area. Wherever possible we will seek your consent to do this, however if we believe that this will put you or another person at an increased risk of harm then we may contact the Children’s Services team or call the emergency services without your consent.

Information is only shared within Action for M.E. on a need-to-know basis. We may need to liaise with your GP and other healthcare agencies.

Declaration of consent

- I give permission for Action for M.E. to process my personal data in order to provide a service to me.
- I understand that no action will take place without my knowledge and consent and all information will be treated as confidential unless there is evidence or reasonable cause to believe I or another person is at risk of harm, abuse or neglect or if a crime has taken place/will occur.
- I understand that only necessary information about the work you are doing with me will be recorded and it will be stored electronically in a safe way.
- I understand that if I agree to my personal data being shared, I have the right to limit how much is shared or to withdraw my agreement at any time.
- I understand that I can decide that I do not want my information to be shared anymore. I understand that this will affect the way Action for M.E. can help me.

Declaration of third-party consent (if applicable):

- I give permission for the person/s named in section C to communicate with the Healthcare Services team on my behalf.

Your signature:

Date:

If you are aged under 16, please ask your parent/carer to read section B above, and sign and date it here to say that they are happy for you to give your consent. They also need to complete section C below.

Signature:

Date:

Section C: please only complete this section if you are submitting this form on behalf of a young person who wants to access counselling

Your name:

Your relationship to the young person (e.g. parent(s), guardian, carer, professional):

Organisation (if applicable):

Your email:

Your telephone number:

Has the young person consented to this referral?

Yes No

Data Protection

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- We will use your email/telephone number to keep in contact with you.

Declaration of consent

- I give permission for Action for M.E. to process my personal data in order to provide a service.

Your signature:

Date:

**Please return this form by email to healthcareadmin@actionforme.org.uk
Or by post to Action for M.E., 42 Temple Street, Keynsham BS31 1EH
If you have questions, contact our Information & Support team on 0117 927 9551**