

**Referral Form – Responders in Schools
*Teachers: Please refer to guidance notes on reverse before completing this form***

***General Privacy Notice***

All personal data contained within this document will be processed in accordance with UK Data Protection Law. By completing the boxes below, you Explicitly Consent for the School to process and share your personal data with Hope After Harm for the purposes of offering you restorative interventions and support. If you are less than 13 years old we MUST obtain parental/guardian Consent. If you are 13 years or older parental/guardian Consent is preferred but not conpulsory. For further details about the TVRJS policy concerning personal data please visit the website at to view the full Privacy Policy.http://hopeafterharm.org.uk/

***Privacy Notice for Children***

Your personal data is all about you. For example, your name, your age and where you live are all your personal data. We think of it as a version of you and that’s why your personal data is so important. We intend to be very careful with any data you share with us because in other words, it’s you! If you agree to share your personal data with us we promise that we will only use it for the reasons we have explained. We won’t share it with others either unless the law says we must. **It is very important for you to know that you can say NO. If you feel unsure or have any concerns about sharing your personal data with us you must say NO. More informaiton about this can be found here** [http:/hopeafterharm.org.uk/](http://thamesvalleypartnership.org.uk/) However, if you need help to understand more about your personal data rights you must ask your Teacher or get in touch with us.

**\* *Mandatory fields***

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| --- | --- | --- | --- | --- |
| **First Name/ initials\*** | **Surname / initials\*** | **Consent to Share Student Information for the purpose of providing RJ Processes *(Y or N)*** | **Year Group\*** | **Gender** |
| **from Student \*** | **From Parent/Guardian**  |
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 **School /Police Referral**

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| **Name of School/ Police Area\***  |  |
| **Name of Referrer\*** |  |
| **Job Title\*** |  |
| **Address\*** |  |
| **Telephone No.\*** |  |
| **Email address\*** |  |

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| **Additional Information** |
| **Description of the incident\* *(****Please provide any additional information which may be relevant)* |
| **Date of Referral\*** |  |

NOTE: Wherever possible, face to face meetings with students/their supporters is the preferred option as we feel this creates a more conducive and restorative environment. Where this is however not possible (e.g., when restrictions are in place due to COVID-19 regulations) we may still be able to accept the Referral and offer support if the relevant parties are comfortable with online meetings/RJ conference, for example using Zoom. Please note that meetings will never be recorded and information exchanged will only be that which would have been discussed face to face under normal circumstances.

**GUIDANCE TO TEACHERS/REFERRERS**

**The Privacy Notices: It is very important that the appropriate notice is read to the individual prior to any data being gathered. There are two notices detailed in this document, one for everyone and one more specifically for children. Please chose the most appropriate in your opinion. Please make sure that the individual has fully understood the notice and purposes for processing their data. The individual must have the right to say NO if Consent is to be considered valid. If you are in doubt, please get in touch.**

**CONSENT:** When using this document, you are obtaining the explicit consent of the individual to share their personal data with Hope After Harm and for the data to be processed for the stated purposes. Upon receipt of this document TVRJS are required to confirm the processing activities in accordance with Art. 14 of the UK GDPR. Please ensure the student, and where applicable the parents or guardians are aware of this process. If the child is under the age of 13 you will require the consent of a parent/guardian. Or you may apply the policy of the school. AGE: If in your opinion the child is mature enough to clearly understand the proposed process, you may proceed without parental consent regardless of their age at your own discretion. Clearly, it would be best to have parental/guardian consent so please gather this wherever possible. If you are in doubt, please contact us asap.

**GENDER:** With regard to information such as ethnicity and gender the request for such categories of data are always voluntary and never compulsory. Please make this clear to the child and where necessary the parents/guardians. Where this information is supplied it may be helpful to our RJ Responders (e.g., this may sometimes help them to understand dynamics within the relationships). If you are in any doubt, please contact our office.

**SEN**: or other Support Needs: Where a student has SEN or other needs please indicate if possible – it would be useful to know in advance as these students may benefit from additional support during the RJ processes.

**Please forward the completed form to:**

**RJschools@hopeafterharm.org.uk****.**

 **\*Please ensure this is sent via Egress (secure email) due to the sensitive nature of the content in that it includes personal data. If you are unable to send via a secure email route such as Egress, please password protect the Form before emailing, and ideally email the password separately to** **gavin.paulse@hopeafterharm.org.uk****.**