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| **Cyber Choices referral form** |
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| **Cyber Choices is a voluntary engagement programme for young people who are actively involved in cyber. When referring to the Cyber Choices team you must obtain consent from the parent/guardian of the young person prior to a referral.** I confirm that I have obtained the consent of the parent/guardian for a cyber choices referral and they have given me consent to pass on their contact details (please tick) [ ] I have made the parent/guardian aware that this referral **may** be shared with social care/education where appropriate, and information of this referral **will be recorded on police information systems** (please tick) [ ]  |
| **Please complete the below details and email this form to:****cyberchoices@leicestershire.pnn.police.uk** | **Date:** Click here to enter a date. |
| ***Please complete all details to the best of your knowledge. Leave blank if unknown.*** |
| **Reporting Persons details** |
| **Surname** | Click here to enter text. | **Relationship to Individual** | Click here to enter text. |
| **Forenames** | Click here to enter text. |  |  |
| **Contact Number** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Professional role (if applicable)** | Click here to enter text. |
| **Address of School (if applicable)** | Click here to enter text. |
| **Cyber Choices Individual:** |
| **Surname** | Click here to enter text. | **Date of Birth** | Click here to enter a date. |
| **Forename** | Click here to enter text. |
| **Home Address** | Click here to enter text. |
| **Parents/Guardian Details (including contact telephone)** | Click here to enter text. |
| **Has anyone else been consulted about this referral (safeguarding agency/ School etc.)?****If yes please give details** | **Yes** [ ]  **No** [ ]   Click here to enter text. |
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| **Reason for Identification; Summary of Ability/Talent/ Skills****Framed around Engagement, Intent and Capabilities** |
| Click here to enter text. |