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| logo[1]  | **BARNARDO’S****BEACON** **CHILDREN AND YOUNG PERSONS ENQUIRY FORM**  | B%2EMidlands%2D%28Spot%29%2B%2Ejpg[1] |
|  **If you are under the age of 19 and living with the effects of sexual abuse and thinking about seeking or needing support then Beacon is a project designed to help you. The Beacon Project covers all of these areas: Birmingham, Coventry, Dudley, Herefordshire, Sandwell, Staffordshire, Stoke-on-Trent, Shropshire, Telford and Wrekin, Walsall, Warwickshire, Wolverhampton, Worcestershire****If you would like to access our service please complete this Enquiry form; if you need any help to complete the form please ask a trusted adult to support you or contact us on 01384 411722** |

1. **Your Details**

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| First Name: Surname: Date of Birth: Age:Gender Identity: First/spoken Language:Address including postcode:Email Address: Contact/Mobile Telephone Number: \*Emergency Contact Name and Telephone Number:*\*This is the telephone number of someone that you trust i.e. your parent/carer, a teacher etc.*What is your preferred method of contact:-Text Phone Email LetterIs it ok for us to leave a voicemail message on your mobile? Yes No  |

1. **Your information – please answer the following questions as best as you can so we are able to access the right support for you**

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| Is this the first time you have told anyone about your abuse? Yes NoIf No who have you told? Do you feel Safe? Yes No *Please note if you are in immediate danger and require an urgent reply please speak to a trusted adult or call ChildLine on 0800 1111* When did the incident of sexual abuse happen (Date)? Are you in contact with the perpetrator of sexual abuse? Yes No Are the police investigating the incident(s) of sexual abuse? Yes NoIf yes when were the allegations reported to the police (Date)?Do you have a Social Worker? Yes No If yes please provide your Social Workers name and telephone number:-Name: Telephone Number: |

1. **Your Support Network**

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| Do you attend School/college? Yes NoIf yes please provide the name of your school/college: Do you have one trusted adult in your life? Yes NoAre you receiving any therapeutic support i.e. counselling? Yes No If yes please provide details: Are you receiving support from CAMHS (Children Adolescent Mental Health Service)Yes No |

1. **Your Support Needs – please let us know what type of support you think will help you at this time**

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| What type of support are you looking? What is worrying you at the moment?What is going well for you at the moment?Please provide any additional information that you might want to share with us as part of your enquiry to receive support for the effects of sexual abuse: - |

1. **Family Information – please provide details of your parent or carer if you are under the age of 18**

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| Parent/carer Name: Parent Carer telephone number: Parent carer Email Address:Parent Carer Address (if this is different to your own): |

1. **How did you hear about us**

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| **Online Search Recommendation Signposting Other****If other please specify…………………………………………………………………….** |

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| B  UK (CMYK) (3)**PLEASE RETURN THE COMPLETED FORM TO:**Beacon Project, Barnardo’s Black Country Roots, Blantyre House, 4 Barrack Lane, Halesowen, B63 2UXIf you have any questions regarding any section of this form or need help to complete it, please contact us on 01384 411722 Monday to Thursday between the hours of 9am and on a Friday 9am until 4:30pm**Website: www.barnardosbeacon.org.uk****Email:** **barnardosbeacon@barnardos.org.uk** |

**What happens next?**

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| * Returned and completed enquiry forms will be received by the Barnardos Beacon Team; forms received via email will receive an automated reply
* Your enquiry will be reviewed and discussed at a weekly triage meetings
* The Beacon team will aim to reply to your enquiry within 7 working days from receipt
* Our reply will provide details of support services that you will be able to access or if you prefer we can make contact with them for you
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