Please fill in this form if you or someone you care for is:

* Worried about their care plan, their placement or going into hospital **and**
* Has a learning disability and or autism

|  |  |  |
| --- | --- | --- |
| Name6 Phone Number Mobile  Name and contact details |  | |
| Form Staff SupportPhone Number Mobile  Name and contact details of person filling in the form |  | |
| Birth Date  Date of Birth |  | |
| Are you struggling with any of the below? Please tick **Yes** or **No** | Tick Yes**Yes** | Cross No **No** |
| Gravestone  Bereavement |  |  |
| Threatening carer  Abuse |  |  |
| Back pain  Pain or distress from physical health issues |  |  |
| Not Talking 1  Relationship issues |  |  |
| See the source image  Your placement has given notice of eviction |  |  |
| Angry Emoji  Difficult emotions about rejection |  |  |
| Choke Risk 2  Eating disorder |  |  |
| Bruise  Self-harm |  |  |
| Aggressive Staff  Aggressive behaviour, both physical and verbal |  |  |
| Sad Emoji  Low mood and withdrawn |  |  |
| Law Mental Health  Subject to the Mental Health Act |  |  |
| Police woman2  In contact with the Criminal Justice System |  |  |
| Drugs pillsDrunk  Drug and alcohol addiction |  |  |
| ConfidentialSafety | This information will be stored securely and will only be used to help you with the issues you are facing and to help to improve the care you are getting. It may be shared if you are:   * in danger * at risk of being harmed * Someone else is at risked of being harmed. | |
| Share Information 2Social worker 2 | It may be shared with people like your social worker, South Tyneside Council, and other organisations in order to help you. | |
| QuestionPhone Number Mobile | You can contact Your Voice Counts if you have any questions about this form or what we do with your personal information.  Jenny Rohde  0191 478 6472  jenny.rohde@yvc.org.uk | |
| Please tick yes or no to let us know you are happy for us to use and share your information in the way described. | Tick Yes**Yes** | Cross No **No** |
|  |  |
| Signature  Signature |  | |