**SELF REFERRAL FORM – Young People’s Service**

 **PERSONAL DETAILS:**

|  |  |
| --- | --- |
| Name | D.O.B. |
| Address |
| Phone no.  | Mobile |
| Email |

 Preferred method(s) of contact:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone  | Text | WhatsApp | Email  | Post  |
|  |  |  |  |  |

What are your access needs? What do you need to be included within our service? (e.g. disabled parking space /ramp/ wide doors/ large print/ quiet spaces/ communication needs etc)

A bit about yourself (e.g. school, college, employment, activities, hobbies and interests, living arrangements etc)

|  |
| --- |
|  |

**Thank you for completing this form.**

Please email to **megan@ecas.scot** or return it to: Ecas, Norton Park, 57 Albion Road, Edinburgh EH7 5QY.

**Ecas will be in touch as soon as possible.**

For more information on how we hold and process your information please refer to our website [**https://www.ecas.scot/privacy/**](https://www.ecas.scot/privacy/)