



**West Yorkshire Police**

**GANG PEER ADVISOR PROGRAMME REFERRAL FORM**

**AND**

**PERSONAL DATA SHARING CONSENT FORM**

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| **Individual at risk or of concern** |
| **Name**  |  |
| **Alias** |  |
| **Address** |  |
| **D.O.B.** |  | **Contact Number** |  |
| **What Services is the client known to -** to ensure that relevant information is available to develop a support plan |  |

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| **Reason for referral:** | **At risk or of concern from effects of gang related criminality and to prevent the commission of offences, anti-social behaviour and gang related crime and disorder and to safeguard vulnerable individuals and to protect life.** |

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| **Relevant information to reason for referral: Last Offence Type:** |  |
| **Safeguarding Issues that are relevant to supporting the data subject:** Bail Conditions, Bail, Licence, Licence Conditions, Outstanding Matters |  |
| **Safeguarding Issues that are relevant to supporting the data subject:** markers for drugs, weapons, firearms |  |
| **Gang Affiliation/ Associates –** only information relevant, necessary and proportionate to allow St Giles Trust to assess any safeguarding risks arising from the affiliations/associations and put in place mitigations to protect all relevant data subjects. |  |

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| **Agreement to referral to St Giles Trust**  |

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| **I wish to access the services offered by St Giles Trust and agree to a referral being made to the Trust on my behalf by West Yorkshire Police.** |

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| **Signed:** | **Dated:** |

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| **Consent to Process Personal Data - Data Subject - adults and children aged 13 years and above** |

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| I confirm that I have received and understood the privacy information in relation to the processing of my personal data and I hereby consent to the processing of my personal data for the purpose of my referral to St Giles Trust.  |

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| **Signed:** | **Dated:** |
| **Print Name:** |  |
| **Capacity:** Parent, Guardian, Appropriate Adult or Other Representative – please stipulate |  |

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| **Consent to Process Personal Data - Data Subject - adults and children aged 13 years and above** |

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| I confirm that I have received and understood the privacy information in relation to the processing of my personal data and I hereby consent to the processing of my personal data for the purpose of my referral to St Giles Trust. Signed:(Data subject – adults and children aged 13 years) Print NameDated:**Data Subject Representative– vulnerable adults and children under the age of 13 years**I confirm that I have received and understood the privacy information in relation to the processing of my personal data and I hereby consent to the processing of my personal data for the purpose of my referral to St Giles Trust.  |

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| **Signed:** | **Dated:** |
| **Print Name:** |  |
| **Capacity:** Parent, Guardian, Appropriate Adult or Other Representative – please stipulate |  |

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| **Police Referrer** |
| **Referred by** |
| **Single Point of Contact with organisation** *(name, contact details, email)*  |
| **Date of referral** |

**Guidance Notes for Officer/Staff**

**This form must be:**

* **Signed by the data subject**
* **A copy to be given to the data subject**
* **Signed copy to be retained by West Yorkshire Police**
* **Signed copy to be sent to the external organisation by secure email**



**REFERRALS TO ST GILES TRUST - Privacy Information Notice**

West Yorkshire Police are processing personal data (which may special category data and criminal offence data) for the purpose of protecting you and preventing crime and reducing the risk of offending and protecting life and in doing so are also discharging a public task in an official capacity based in law which is in the substantial public interest.

Your personal data on this referral form is being shared with St Giles Trust with your explicit consent to help to protect you from the risks of gang related criminality and with a view to reducing the risk of offending and anti-social behaviour and safeguarding you and the wider public from the effects of gang related crime.

Your data will be kept no longer than is necessary to meet these purposes.

A duty of confidentiality may exist in relation to some of the personal data disclosed however in this case the sharing of this information is justified and the duty of confidentiality is overridden because it is necessary to disclose the personal data in the substantial public interest and/or to protect an individual’s vital interests.

For more information about how West Yorkshire Police processes, retains and deletes your personal data and your data rights please read our full Privacy Information Notice at <https://www.westyorkshire.police.uk/privacy>

If you have any questions about how we use your personal information, our DPO can be reached by the Information Management email at infoman@westyorkshire.pnn.police.uk, or by post at Data Protection Officer, PO BOX 9, Laburnum Road, Wakefield, WF1 3QP.

The Information Commissioner is the independent Authority responsible within the UK for ensuring we comply with data protection legislation. If you have a concern about how we have used your personal information or you believe you have been adversely affected by our handling of your data you may wish to contact them using the information below:

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| **Their Helpline** | 0303 123 1113(Their normal opening hours are Monday to Friday between 9am and 5pm) |
| **Their email**  | casework@ico.org.uk |
| **Their address** | Information Commissioners OfficeWycliffe HouseWater LaneWilmslowSK9 5AF |

**Withdrawal of Consent**

**To withdraw your consent to the processing of your personal date please complete the below and submit the below:**

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| **Withdrawal of Consent to Process Personal Data** |

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| I do not wish to access the services offered by St Giles Trust and hereby withdraw my consent to the processing of my personal data for this purpose: |

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| **Signed:** | **Dated:** |

All withdrawals must be emailed to:

stgilesreferral@westyorkshire.pnn.police.uk

