

**Wiltshire Children & Young People's Services**

My name .....

Age ..... M/F

Things I want to share

No one may be told except the people ticked below, unless I or someone else is at risk of serious harm:

- |   | Name  |
|---|-------|
| <input type="checkbox"/> Teacher          | _____ |
| <input type="checkbox"/> Police           | _____ |
| <input type="checkbox"/> Parents/guardian | _____ |
| <input type="checkbox"/> Doctor           | _____ |
| <input type="checkbox"/> Connexions       | _____ |
| <input type="checkbox"/> School Nurse     | _____ |
| <input type="checkbox"/> Social services  | _____ |
| <input type="checkbox"/> Youth worker     | _____ |
| <input type="checkbox"/> Family           | _____ |
| <input type="checkbox"/> Other            | _____ |

I can be contacted by;

- Mobile phone \_\_\_\_\_
- Home phone \_\_\_\_\_
- Email \_\_\_\_\_
- Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Through school \_\_\_\_\_
- Other \_\_\_\_\_

By signing this you are agreeing to accept my terms of confidentiality by only telling the people I have ticked.

Signature of young person  
\_\_\_\_\_

Signature of helper receiving the information  
\_\_\_\_\_

Date  
\_\_\_\_\_