

**Teen Spirit Parental Consent Form for Virtual Support**

**Young Persons Details**

**Full name: ……………………………………………………………………..**

**Gender:** 🞐Female **🞐** Male **🞐** other

**Date of Birth: ………/………/……………**

**Current address: ……………………………………………………………………………………**

**Postcode: ………………………………………………**

**Young person’s school/education setting: ……………………………………………………………**

**Young person’s phone number:…………………………………………………………………………….**

**I consent for Teen Spirt Project to contact the above-named young person via phone and video call to complete 1-1 sessions.**

**🞐** Yes  **🞐** No

**Young person signature:……………………………………………………………….**

**Parent/carer print name: ……………………………………………………………**

**Parent/carer contact number: ………………………………………………….**

**Parent/carer signature: ……………………………………………………………..**

**(please turn over)**

**Please tick the relevant boxes**

**Ethnic background**

🞐 White English/Welsh/Scottish/Northern Ireland

🞐 White Irish

🞐 Irish Traveller

🞐 Any other white background

Please state…………………………………..

🞐 Mixed Ethnic Background

🞐 African

🞐 Caribbean

🞐 Any other African/Caribbean background

 Please state…………………………………..

🞐 Indian

🞐 Pakistan

🞐 Bangladeshi

🞐 Chinese

🞐 Arab

🞐 Any other Asian background

 Please state…………………………………

🞐 Prefer not to say

**Additional needs**

🞐 Yes

 Please state:………………………………………

🞐 No

🞐 Prefer not to say

 **Sexual orientation**

🞐 Heterosexual

🞐 Lesbian, Gay or Bisexual

🞐 Other

Please state………………………………….

🞐 Prefer not to say

**Religion or beliefs**

🞐 No religion

🞐 Christian

🞐 Catholic

🞐 Buddhist

🞐 Hindu

🞐 Jewish

🞐 Muslim

🞐 Sikh

🞐 Other religion

 Please state…………………………………

🞐 Prefer not to say