

Privacy Notice

Limerick Youth Service (LYS) processes personal data relating to the young people that access our services and supports. The processing of personal data is governed by the EU General Data Protection Regulation (the “GDPR”) and the Data Protection Act 2018

LYS complies with its obligations under the “GDPR” by keeping personal data up to date; by storing and destroying it securely; by not collecting or retaining excessive amounts of data; by protecting personal data from loss, misuse, unauthorised access and disclosure and by ensuring that appropriate technical measures are in place to protect personal data.

We use your personal data for the following purposes: monitoring, evaluating, managing, verifying, and auditing requirements.

We process your personal data on the legal basis of your Consent, and your Explicit Consent to processing special categories of data.

In instances where referrals to organisations and agencies outside of LYS maybe beneficial, and **ONLY** with your prior consent, relevant information may be shared with these agencies. Please be aware that under the Children's First Act 2015, we are obliged to report any concerns regarding child safeguarding to the relevant authority.

We keep your data in accordance with the guidance set out within our formal records retention policies and do not maintain data beyond what is absolutely required for operational reasons or where otherwise required by law.

You have the following rights with respect to your personal data: -

- The right to request a copy of your personal data, which LYS holds about you.
- The right to request that LYS correct any personal data if it is found to be inaccurate, incomplete or out-of-date.
- The right to request your personal data is erased where it is no longer necessary or lawful for LYS to retain such data.
- The right to request that LYS provide you with a copy of your personal data and, in certain circumstances, to transmit that data directly to another data controller.
- The right, where there is a dispute in relation to the accuracy or processing of your personal data, to request a restriction is placed on further processing
- The right to object to the processing of personal data
- The right to lodge a complaint with the Data Protection Commission.

To exercise all relevant rights, queries or complaints please in the first instance contact LYS at:

Limerick Youth Service, 5 Lr. Glentworth St, Limerick.

TEL: +353 (0)61 412 444

FAX: +353 (0)61 412 795

EMAIL: lys@limerickyouthservice.org

WEBSITE: <https://limerickyouthservice.com/>

Complaints

You have the right to make a complaint to the Data Protection Commission which you can contact by phone: +353 (0761) 104 800; via email info@dataprotection.ie or by writing to:

The Data Protection Commissioner, Canal House, Station Road, Portarlington, Co. Laois,

R32 AP23.

I give consent to LYS to process my personal data (Please check box)

Date:	
Print or Type Name:	

Special Categories of Personal Data

We would also like to record information on any **additional physical, mental, or learning support needs** and on **ethnic/cultural background**. This information is known as 'Sensitive Data'. We gather this information to ensure that LYS provides an equal, inclusive, and diverse service and to ensure that we are providing a quality service that responds to your needs.

I give consent to record my sensitive personal data (Please check box)

Date:	
Print or Type Name:	

Limerick Youth Service – Be Well Team Self- Referral Form (Over 18s)

Personal Details:	
Name:	
Date of birth:	
Mobile number:	
Email Address:	
Address:	

Gender: Female Male Other Prefer not to say

Nationality: Irish Other

If other, please give details:

Preferred mode of contact: Call Email WhatsApp SMS

Preferred mode of counselling: Online Face to Face

Emergency Contact Details 1	
Name:	
Mobile No:	
Email Address:	
Address	

Emergency Contact Details 2	
Name:	
Mobile No:	
Email Address:	
Address	

Education & employment status: (Please tick just one of the boxes below and give additional details in the space provided below)

- Attending alternative secondary education, e.g. Youth Reach, Leaving Cert Applied (LCA)**
- In 3rd Level Degree or 3rd Level Non-Degree for e.g. Further Education or Apprenticeship**
- Employed**
- Unemployed**
- Not in education, employment or training**

Please give additional details on above:

Are you attending secondary school? (Please check or tick appropriate box below)

- Yes No

If yes, please provide a school name and brief address:

Sensitive Personal Details:

Details on additional agency/personnel Involved, if any, with young person:					
Social Worker:		Agency:		Tel. No.	
AMHS:		Contact:		Tel. No.	
GP / Doctor:		Surgery:		Tel. No.	
Garda:		Station:		Tel. No.	
Drugs/Alcohol Worker:		Agency:		Tel. No.	
Support Worker:		Service:		Tel. No.	

GP details (mandatory):	
GP/Doctors name:	
Surgery address:	
Surgery Tel No:	
Medication details (if any):	

Have you recently been referred to another service or are you currently on any waiting lists for other agencies?

Yes No

If yes please give details and name the agencies in the space provided:

Do you have any of the following?

Please be advised if you tick any of the below, we will be in contact to source more information

- Diagnosis of ASD
- Learning disability
- Hidden disability e.g. chronic pain or fatigue; head or brain injuries; hearing impairments or vision disabilities
- Mental health diagnosis e.g. BPD/depression/anxiety
- Eating disorder
- Substance misuse
- Physical disability e.g. mobility impairment, (this information is to inform us of accessibility requirements)
- Other
- None of the above

Please give additional details on above:

Please give additional details on above:

Please check box below indicating referrals Ethnic/Cultural background (using the Irish Census, 2016 categories):

- | | | |
|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> White Irish | <input type="checkbox"/> White Irish Traveller | <input type="checkbox"/> Any other White Background |
| <input type="checkbox"/> Black or Black Irish: | <input type="checkbox"/> African | <input type="checkbox"/> Any other Black Background |
| <input type="checkbox"/> Asian or Asian Irish: | <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other Asian Background |
| <input type="checkbox"/> Roma | <input type="checkbox"/> Other including mixed Background | |

Please provide any additional information that may be of support to your referral?

Reason for self-referral & your expectations: What would you like to get from counselling? Please give details of support you would like in what areas/issues?

Declaration: I confirm that the information provided above is true and accurate to the best of my knowledge	<input type="checkbox"/>
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Signed by: *Type name if filling in online	*	Print name:	*
Date:			

*** This form will be basis for discussion on assessment date.**

All referral forms to be emailed to: bewellteam@limerickyouthservice.org or posted to: Be Well Team, Limerick Youth Service, Northside Youth Space, Ballynanty Rd, Ballynanty, Limerick V94 TPP3
Any queries, please phone Siobhan O'Brien on 0863895031