**Safe East Booking Form**

Page 1 of 3

**Please allow 2 weeks between the dates of request and delivery. We may wish to meet with you prior to delivery; this could take 3-4 weeks. Bookings are confirmed by email.**

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| --- | --- | --- | --- |
| **Main Contact Name** |  | **Alternative Contact Name** |  |
|  |  |  |  |
| **Job Title** |  | **Job Title** |  |
| **Organisation** |  | **Organisation** |  |
| **Address** |  | **Address** |  |
| **Tel Number** |  | **Tel Number** |  |
| **Email**  **Tel N** |  | **Email** |  |
| **Date form completed** |  | **Proposed date of the event** |  |

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| **How would you like the session to be delivered?** | **Face to face (Please include risk assessments in line with Covid-19 compliance)** |
|  | **Virtual** |

|  |  |
| --- | --- |
| **What type of intervention would you like Safe East to deliver?** | **Please indicate your interest** |
| **Healthy and Unhealthy Relationships** |  |
| **STI’s** |  |
| **Contraception** |  |
| **Drugs** |  |
| **Cyberbullying** |  |
| **Alcohol** |  |
| **Smoking** |  |
| **Child Sexual Exploitation** |  |
| **Consent** |  |
| **Child Criminal Exploitation** |  |
| **C-cards, condoms or Sexually Transmitted infection testing on site** |  |
| **Promotion of Services** |  |
| **For 1:1 support, please complete this referral form.**  **(Please note the young person must consent to your referral.)** |  |
| **Training for Professionals** |  |
| **A themed presentation about Safe East services** |  |
| **Substance misuse training** |  |
| **Sexual Health Training** |  |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Date** | **Time** | **Year Group /Age (Only complete this coloumn if delivery is to young people)** | **Topic** | **Number of participants** | **Gender**  **(Only complete this coloumn if delivery is to young people)** | | **Name of Practitioner who has been allocated booking** | | **No. of Males** | **No. of Females** |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | |
| **Are there any participants with learning difficulties, sensory impairment, or physical disabilities?** | |
| **Please provide details:** | |
| **Description of Group** | |

Please return this booking form to the following email so we can complete your request: **compass.towerhamletsyphws@nhs.net**

**Post: SAFE EAST, 59 Mile End Road, Tower Hamlets, London, E1 4TT.**

**To discuss your request please call 020 3954 0091**

**Please do not include any young person’s personal identifiable information, such as a names etc on this form.**

**For Safe East Office use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date received** | **Date Allocated** | **Allocated worker** | **Name of group / YP** |
|  |  |  |  |