



Child/Young Person Referral Form

Full Name of Child / Young Person	
Date of Birth	
Parents/Carers (please specify) Name and Home Address	
Contact Number(s)	
Email Address	
School Address and Telephone Number	
GP Address and Telephone Number	

What type of service are you seeking?

Therapeutic Assessment only

Therapeutic Assessment and long-term therapy

Psychological Assessment only

Psychological Assessment and long-term therapy

Other: please specify

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PLEASE NOTE WE DO NOT PROVIDE SHORT TERM WORK.

Please give full details of the reason for your referral. Feel free to attach additional information.

Please state significant life events for your child and the age at which they occurred:

- 0-3yrs
- 4-6yrs
- 7-9yrs
- 10-12yrs
- 12+

Has your child ever used self-harm as way of coping with distressing thoughts or feelings? If yes, please give details.

Has your child ever expressed that they have suicidal thoughts, or that they wish they were not here? If yes, please give details.

Are you aware of any plans that your child has made to take their own life? If yes, please give details.

Are there any other risks that you are aware of at present for your child? E.g., sexual exploitation, bullying, etc. Please give details.

What does your child enjoy?

What do you hope will be different for your child by attending About Children?

Use this space to describe any other emotional difficulties, behaviour problems or related factors that seem relevant.

Attendance availability (please tick)

AM

PM

Monday
Tuesday
Wednesday
Thursday

Please give names and contact details of all other professionals involved with the child


Name	Professional Role	Contact Details

Is the child’s family aware of this referral? Y/N

Is the child aware of this referral? Y/N

Details of person making referral:

Referrer’s Name	
Professional Position / Relationship to Child	
Address	
Contact Telephone No	
Email Address	
Date of Referral	
Date Adoption Support Funding was applied for (if applicable)?	
Has funding been agreed? (yes/no)	yes/no

	<p>By ticking this box, I confirm that I have read and understood About Children’s Privacy Notice</p>
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Signed _____

Print _____

Please return to: info@aboutchildren.org.uk