|  |  |
| --- | --- |
| **Office use only**  **Date Received** | **CL** |

**REFERRAL FORM**

Please complete as fully as possible ensuring all sections are completed.

Note – incomplete forms may be returned to referrer which will delay the referral

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client’s Name: | | Date of Birth: | | Age: |
| Mobile: | | Email: | | |
| Address & Postcode | | | | |
| Age Disputed:  Yes  No | If yes, age given by LA: | | Date of Arrival in UK: | |
| Country of Origin: | First Language: | | Interpreter Needed:  Yes  No | |
| Gender: | Ethnicity | | Sexuality: | |
| Current Living Situation: | | Current Work/Educational Status: | | |

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| --- | --- | --- | --- | --- |
| **ONGOING SESSION AVAILABILITY**  Please give as much availability as you can to be seen sooner. Ongoing sessions are at the same time and day each week. | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |

|  |  |  |  |
| --- | --- | --- | --- |
| Referrer: | | Date of Referral: | |
| Referrer’s Role: | Telephone Number: | | Email: |
| Address & Postcode: | | | |

|  |  |
| --- | --- |
| Current Immigration Situation:  Asylum Seeker  1st Appeal process  2nd Appeal process  Definite Leave to Remain  Valid until:  Indefinite Leave to Remain  Refugee  Other | Looked after Child (LAC):  Not a looked after Child  Croydon LAC – UASC1  Croydon Care-Leaver  Other Borough LAC – UASC1  Other Borough Care-Leaver  (Please specify Borough):    1Unaccompanied Asylum Seeker Child |

**Reason for Referral:**

**This information helps us in our decision about how we can best help the client**

Key current concerns for this Young Person:

Details of family of origin inc. significant family members; nature of relationships; current location/details of separation

Significant experiences in country of origin such as exposure to war or violence:

Details of journey to UK & any significant experiences since arrival in UK

Any treatment already received/other agencies involved:

**Risk Assessment:**

|  |  |
| --- | --- |
| Which other professionals are aware of these risks: Please provide names & contact details: | |
|  |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | Over recent weeks has the young person… | Not at all | Only occasionally | Sometimes | Often | Most or all of the time |
| 1 | been worried by something he/she have seen or experienced on social media / online | 0 | 1 | 2 | 3 | 4 |
| 2 | been hurt or threatened by another person | 0 | 1 | 2 | 3 | 4 |
| 3 | thought it would be better if he/she were dead | 0 | 1 | 2 | 3 | 4 |
| 4 | hurt or threatened another person | 0 | 1 | 2 | 3 | 4 |
| 5 | made plans to end his/her life | 0 | 1 | 2 | 3 | 4 |
| 6 | self-harmed or taken risks with his/her safety | 0 | 1 | 2 | 3 | 4 |

|  |  |  |
| --- | --- | --- |
| Office use only | TOTAL |  |

|  |  |
| --- | --- |
| Please provide information on the following, if applicable, detailing any diagnosis and treatment/medication: | |
| Drug or Alcohol Use: |  |
| Learning Difficulties/Special Educational Needs: |  |
| Physical Disability: |  |
| Behavioural Difficulties: |  |
| Depression/Emotional Disorder: |  |
| Any Symptoms of Psychosis:  i.e delusions, paranoia, unusual thought or behaviour, deterioration in usual functioning |  |
| Any Symptoms of / or diagnosis of PTSD: |  |
| Neurodevelopmental disorder: |  |

Other Agencies/professionals involved (other than referrer):

|  |  |
| --- | --- |
| Social Worker: | Contact details: |
| Key Worker: |  |
| Foster Carer: |  |
| Solicitor: |  |
| GP: |  |

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| --- |
| **Office use only** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Counsellor’s assessment of risk:** | **Low** |  | **Medium** |  | **High** |  |   Date Completed  Counsellor   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  |  |  |  |  | | --- | --- | --- | |  |  |  |     **NOTES:** |

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| **Consent:**  **Young Person is aware of the referral and understand the reasons for the referral being made.**  **Young Person Signature :**  **The Referrer has helped the client to understand counselling, its limitations and the boundaries by referring to the Counselling Leaflet on the Off The Record website.**  <https://www.talkofftherecord.org/croydon/refugee-asylum-seeker-service/>  **The Referrer commits to support the client to attend the first session.**  **Referrer’s Signature:** |