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| **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 |

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| Office use only | TOTAL |  |

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| 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** |
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| **Counsellor’s assessment of risk:** | **Low**[ ]   |   | **Medium** [ ]   |   | **High** [ ]   |   |

Date Completed  Counsellor

|  |  |  |  |  |  |  |  |  |  |
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 **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:**   |