**Child or Young Person Referral Form**

*Please complete and return by email to* referrals@broadhorizons.org.uk*.*

**Referrer Name:**

First Name: Click or tap here to enter text. Surname: Click or tap here to enter text.

Occupation: Click or tap here to enter text. **Date of Referral:** Click or tap here to enter text.

Referring Body/Address Including Postcode:

Click or tap here to enter text.

Telephone: Click or tap here to enter text. Mobile: Click or tap here to enter text.

Email: Click or tap here to enter text.

Funding Source: Click or tap here to enter text.

**Are the parents/carers aware of this referral? YES  or NO**

**Child or Young Person Details**

First Name: Click or tap here to enter text. Surname: Click or tap here to enter text.

Birth Date: Click or tap here to enter text. Age: Click or tap here to enter text.

Gender: Click or tap here to enter text.

Number of Siblings:

Click or tap here to enter text.

Please list any siblings in order and their age:

Click or tap here to enter text.

**Parent/Carer Details**

**Primary Carer Name:** Click or tap here to enter text.

First Name: Click or tap here to enter text. Surname:Click or tap here to enter text.

Address Child lives at:

Click or tap here to enter text.

Telephone: Click or tap here to enter text. Mobile: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Parent or Second Carer Name:**

First Name: Click or tap here to enter text. Surname:Click or tap here to enter text.

Address:

Click or tap here to enter text.

Telephone: Click or tap here to enter text. Mobile: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Who holds parental responsibility for the child or young person?**

**Full Name:** Click or tap here to enter text.

**Family Status**

Dual Parented  Adopted

Lone Parent  Children Looked After

Step Parent  Children in Care

**Please provide below, any relevant information relating to parenting.**

Click or tap here to enter text.

If the child or young person is in Local Authority care please give names of parents if relevant and contact with birth parents, siblings and extended birth family.

Click or tap here to enter text.

Are there any court orders in place including residency or contact orders?

Click or tap here to enter text.

**NB If the child or Young person is currently involved with Local Authority Safeguarding Teams, Care proceedings, PLO or are Children Looked After please complete this section:**

Provide Evidence of the Family’s/Parents/carers sustained motivation for change behaviour:

Click or tap here to enter text.

Provide Evidence of the Family/Parents/carers ability to provide emotional stability and support for the child /young person whilst they undergo therapy:

Click or tap here to enter text.

Provide evidence of the family/parents/carers commitment to undertaking the long term therapeutic process Ie. Weekly consistent punctual attendance to our therapy base, regular reviews, interest in the therapeutic process and willingness to participate in their own Therapeutic Parental support:

Click or tap here to enter text.

**Reason for Referral**

Click or tap here to enter text.

How does the Child or Young Person behave at home?

Click or tap here to enter text.

How is the Child or Young person socially, including friendships?

Click or tap here to enter text.

Has the Child or Young Person experienced any major traumas or significant life changes? If so please include approximate dates.

Click or tap here to enter text.

**School**

**Name and Address of School**

Click or tap here to enter text.

School Contacts Name: Click or tap here to enter text.Role: Click or tap here to enter text.

Email: Click or tap here to enter text. Telephone: Click or tap here to enter text.

How long has the child or young person attended this school? Click or tap here to enter text.

Does the child or young person have any siblings at this school? YES  or NO

How does the child or Young Person behave at school?

Click or tap here to enter text.

How is the Child or Young Person academically?

Click or tap here to enter text.

**Other Support**

Name of GP Click or tap here to enter text.

Name and address of GP’s Surgery

Click or tap here to enter text.

Telephone: Click or tap here to enter text. Email: Click or tap here to enter text.

Does the child or young person have any medical conditions, allergies, or additional needs?

Click or tap here to enter text.

Does the child or young person use any regular medication?

Click or tap here to enter text.

Please list any agencies involved with the family including Names and telephone numbers.

Click or tap here to enter text.

What do you hope the therapy will achieve?

Click or tap here to enter text.

Any additional Information

Click or tap here to enter text.