|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERRAL BY A PARENT**  **return to associates@casselassociates.org** | | | | | | | | | | |
| **CHILD’S / YOUNG PERSON/S DETAILS** | | | | | | | | | | |
| Child’s name |  | | | | | | | | | |
| Child’s DOB |  | | | | | | | | | |
| Address & post code |  | | | | | | | | | |
| Child’s telephone (if applicable) |  | | | Email address (if applicable) | | |  | | | |
| Child’s GP (surgery name & postcode) |  | | | | | | | | | |
| **PARENT’S DETAILS** | | | | | | | | | | |
| Parent’s name |  | | | | | | | | | |
| Address & post code |  | | | | | | | | | |
| Parent’s telephone no |  | | | Parent’s email address | | |  | | | |
| All of our services are now fee-paying. We can sometimes provide discounted spaces; these are limited for work with children. | | | | | | | | | | |
| Is paying for s service something you would consider? | | | | | | | | | yes / no | |
| If yes, it is helpful to know the gross individual / family income bracket so we can work out who might offer a service | | | | | | | | | | |
| Income bracket | Under £15k | £15k - £20k | £20k - £25k | | £25k - £30k | £30k - £35k | | £35k - £40k | | Above £40k |
|  |  |  | |  |  | |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S AVAILABILITY** | mon | tues | wed | thurs | fri | sat |
| morning | yes / no | yes / no | yes / no | yes / no | yes / no | yes / no |
| afternoon | yes / no | yes / no | yes / no | yes / no | yes / no | yes / no |
| evening | yes / no | yes / no | yes / no | yes / no | yes / no | yes / no |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERRAL DETAILS** Please provide brief details where indicated | | | |
| Who has parental responsibility for the child? |  | | |
| What are the issues do you think we may be of help? |  | | |
| Does the child have any illnesses or particular needs? | | | yes / no |
| If yes, please write details |  | | |
| Is the child in agreement with this referral? | | | yes / no |
| What does the child understand about this referral? | |  | |
| Has the child had a psychological service before? | | | yes / no |
| If yes, please provide details. |  | | |
| Are other services involved with the child? | | | yes / no |
| If yes, please write which services |  | | |
| Is a residence order or a child arrangements order in place? | | | yes / no |
| If yes, please write brief details |  | | |
| Have there been any / are there / will there be any legal proceedings concerning the family situation? | | | yes / no |
| If yes, please write brief details |  | | |
| Is a child protection plan in place for the child? | | | yes / no |
| If yes, please write brief details |  | | |
| Referral completed by |  | | |
| Date |  | | |