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| **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 |
|  |  |  |  |  |  |  |

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| **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 |

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| **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 |  |