**Referral Form**

We accept referrals directly from families or agencies that are working with a family such as schools, GPs or CAMHS. Please complete the form below and either email to [familytherapy@hartvolaction.org.uk](mailto:familytherapy@hartvolaction.org.uk) or post to the address above marked Confidential FAO Counselling Services Manager. If you would prefer to talk to someone then please call 01252 815652 and we can complete the form for you.

|  |  |
| --- | --- |
| **Date of referral:** |  |

**Referrer Details (if the family is not referring themselves):**

When referring a family please ensure that you have already spoken to them about the referral and have got their permission to refer them. We will not accept a referral if they are not aware.

Please tick here to confirm that you have asked their permission 🗆

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| --- | --- |
| **Name of Referrer:** |  |
| **Email Address of Referrer:** |  |
| **Mobile Number of Referrer:** |  |

**Contact Details for the family:**

|  |  |
| --- | --- |
| **Main contact:** |  |
| **Address:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |

**Details of the Family:**

Please provide information about all the family members who want to attend Family Sessions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position in Family** | **Date of Birth** | **Gender** | **Ethnicity** |
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**Emergency Contact:**

|  |  |
| --- | --- |
| **Name:**  **Phone Number:**  **Email address:** |  |

|  |  |
| --- | --- |
| **Where did you hear about the Family Therapy Service?** |  |

**Details of family GP:**

|  |  |
| --- | --- |
| **GP Name:** |  |
| **GP Address:** |  |
| **Is the GP aware of this referral?** | **Yes/No (please delete as appropriate)** |
| **Is CAMHS aware of this referral?** | **Yes/No (please delete as appropriate)** |

**Sessions:**(Sessions will be taking place on Thursday afternoons at either 4:00 or 6:00)

|  |  |
| --- | --- |
| **Please state if you have a preference for the time of your sessions:** |  |

**Reason for referral:**

|  |
| --- |
| **Presenting Issues (please provide us with a brief outline of why you would like to access the service)** |
|  |

Once we have received your referral form from we will be in contact to confirm that we have placed you on our waiting list. You will then be offered an assessment session which the whole family should attend and your needs as a family can be discussed and a plan put in place for support.

If you have any questions please contact us at [familytherapy@hartvolaction.org.uk](mailto:familytherapy@hartvolaction.org.uk) or phone 01252 815652.

Family sessions are provided free of charge. Hart Voluntary Action who manage the Family Therapy Service is a Charity who rely on funding and donations to continue providing the Counselling Services. If you would like to make a donation to support the work we do please click on the following link <https://localgiving.org/charity/hartvolaction/>

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