**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.

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| **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 family GP:**

|  |  |
| --- | --- |
| **GP Surgery and address:** |  |

**Details of the Family:**

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

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| **Name**  **(including surname if different from family name)** | **Position in Family** | **Address**  **(if different from above)** | **Contact Number**  **(if different from above)** | **Email address**  **(if different from above)** | **GP**  **(if different from above)** | **Date of Birth** | **Gender** | **Ethnicity** |
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**Emergency Contact:**

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

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

**Sessions:**(Sessions will be taking place on Monday, Thursday and Friday afternoons between 4:00 and 7:30)

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| **Please state if there is any day or time you would be unable to make:** |  |

**Reason for referral:**

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

Once we have received your referral form we will be in contact within 2 weeks to confirm if we are able to support you, and if we are, that we have placed you on our waiting list. You will then be offered an assessment 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.

The service is free for families to access although we would ask you to make a donation to the service if you are able. **Donations can be made to us via local giving using the link** [**here.**](https://localgiving.org/charity/hartvolaction/)A recommended amount is around £10.00 per session but please give whatever you feel able to.

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