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**Psychological Therapy Ukraine Project Referral Form, Children and Families**

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| **Date of Referral:**  |
| **Confirm Consent has been given by client to be added to RC database: (Y/N)** |
| **Please give the details of the child this referral pertains to; or, if the referral is for the whole family, please give the details of one of the children** |
| **First Name:** | **Family name:** |
| **DOB:**  | **Age:**  | **Gender:** |
| **Current Address:** | **Telephone No:** |
| **Country of origin:**Ukraine | **Nationality/Ethnicity:** |

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| **Family details**  |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Preferred language:****Nationality/Ethnicity (if different):** | **Interpreter required: [ ]  Yes [ ]  No****Language required:** **Preferred interpreter (if known):****Preferred gender of interpreter:** **[ ]  Female [ ]  Male [ ] Either/Any** **[ ]  Preference not known (RC to ask client when booking assessment)**  |
| **Preferred gender of therapist:[ ]  Female [ ]  Male [ ]  Either/Any****[ ]  Preference not known (RC to ask client when booking assessment)**  |

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| **School details** |
| **Name of school:**  | **Address:**  |
| **Teacher’s name:**  |
| **Other key contacts in school:** | **Telephone No:** |

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| **Immigration and Support Status** |
| **[ ]  Ukraine Family Scheme** **[ ]  Homes for Ukraine****[ ]  Extended Visa Scheme** | **Date of arrival in the UK:** |
| **BRP number:** |
| **Other reference number (please specify):** |
| **GP name:****GP telephone number:**  | **GP address:** |
| **Social Services or other support services** |
| **Name & Role:****Tel No:****Email:** |  |

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| **Reason for referral** |
| **What are the family’s main concerns? What are your concerns?** |
| **What is working well in the family (e.g. identified strengths, protective factors, other relationships that have a positive impact)?** |
| **Is the family aware of the referral? Who might come to therapy?** |
| **Any risk issues:** |
| **Practical and or social support needs**[ ]  **Physical health referrals/advocacy** [ ]  **Mental health referrals/advocacy**[ ]  **Benefits/finance advice and support**[ ]  **Children’s education** [ ]  **Adult education/ESOL** [ ]  **Social support**[ ]  **Employment support** [ ]  **Other (please give details below)** **Please give details of any practical support needs:**  |

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| **Referrer details** |
| **Name:** **Organisation:****Role:****Contact number:**  |

Please return this form to: Therapeutic.Sheffield@refugeecouncil.org.uk