

Murray Hall Community Trust

Creative Therapeutic Services

The Bridge

St Marks Road

Tipton

DY4 0SL

01902 826 306/308

*Office Use Only- Date Received to CTS:*

*Client ID: ECAF No.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Criteria** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is this child aged between 5 – 18 years?** Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mark at least one box from each line | **Connection to Sandwell:** School Address  Home Address  GP Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Directly or indirectly affected by:** Abuse  , Domestic Abuse  , Looked After Child , Separation / Loss (*Includes Parent in/ returning from Prison*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child / Young Person’s Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | | | | | Choose an item. | | | | | | | **Date of Birth** | | Click or tap here to enter text. | | | | | | | | | **Age** | | | Click or tap here to enter text. | | | | |
| **Home Address** | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | **Postcode** | | | | | | Click or tap here to enter text. | |
| **Telephone** | | | | | **Home:** Click or tap here to enter text. **Young Persons Mobile:** Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Main Language Spoken** | | | | | | | | |  | | | | | | | **Ethnicity** | | | | Choose an item. | | | | | | | | | | |
| **Religion** | | | | | Click or tap here to enter text. | | | | | | | | | | **ECAF no. if known** | | | | | | | | | Click or tap here to enter text. | | | | | | |
| **GP Name and Address** | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School / College attended** | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | **Attendance** | | | | | | Click or tap here to enter text. **%** | | |
| **School / College Address** | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | **Postcode** | | | | | | Click or tap here to enter text. | | |
| **School / College Telephone** | | | | | | | | | | Click or tap here to enter text. | | | | | | | | **On SEN register?** | | | | | | | | | | Choose an item. | | |
| **Home** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If appropriate, a nominated family member will be asked to attend 2 sessions of therapy with the child/young person at the end of their one to one sessions. If the client is under 13yrs parents/ carers must be made aware of the referral.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Carer 1 Name** | | | | | | | Click or tap here to enter text. | | | | | | | | | | **Relationship** | | | | | | Click or tap here to enter text. | | | | | | | |
| **Address**  (if different from above) | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| **Telephone** | | | | **Home:** Click or tap here to enter text. **Mobile:** Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is this Parent/Carer aware of this referral?** Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If not why?** Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Carer 2 Name** | | | | | | | | Click or tap here to enter text. | | | | | | | | | **Relationship** | | | | | | Click or tap here to enter text. | | | | | | | |
| **Address**  (if different from above) | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| **Telephone** | | | **Home:** Click or tap here to enter text. **Mobile:** Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is this Parent/Carer aware of this referral?** Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If not why?** Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who does the child/young person live with?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | **Age** | **Relationship to child/YP** | | | | | | | | | | | | **Additional information** | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | Choose an item. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | Choose an item. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | Choose an item. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | Choose an item. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Reason for referral** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referral Criteria: 1.** Choose an item. **2.** Choose an item. **3.** Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Brief background/ history** | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Currentarea(s) of concern** *(How is this child presenting? Concerns should be within last 6 weeks. You must evidence the requirement for therapeutic intervention)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the child/young person currently involved with Early Help? | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | |
| Is the child/young person on a Child in Need/ Child Protection plan? | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | |
| Is the child/young person accessing CAMHS? | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | |
| Does the child/young person have any disabilities or additional needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | |
| Is the child/young person on any medication? | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | |
| Are the police currently involved? | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | |
| Has the child/young person accessed counselling/therapy before? | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | |
| Have Social Services ever been involved with the child/young person? | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | |
| Has there been an attempt to self-harm in the last 3 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | |
| **If you have answered YES to any of these, please give details including dates of any interventions.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please give details of any other key professionals working with the Child/Young Person** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | **Organisation** | | | | | | | **Role** | | | | | | | | | | | **Contact Details** | | | | | |
| Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | | | |
| **Referrer Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | Click or tap here to enter text. | | | | | | | | | | | **Role/Relationship to Child/YP** | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Organisation/Agency Name** | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email** | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone:** Click or tap here to enter text. **Mobile:** Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | **Date Submitted** | | | | | | | | | | | Click or tap to enter a date. |

**CONSENT**

Please note that consent is **required to process** the **referral** request. If a referral is sent via email or telephone a scanned signed consent will need to be attached. Alternatively a paper copy can be sent to the MHCT office.

***(Please use separate consent document alongside this referral)***

***Please note that without GDPR consent MHCT will not be able to accept a referral****.*