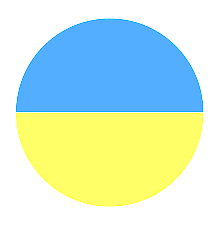
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**Psychological Therapy Ukraine Project Referral Form, Children and Families**

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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:** |

|  |  |
| --- | --- |
| **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)** |

|  |  |
| --- | --- |
| **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:** |

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

Please return this form to: [Therapeutic.Sheffield@refugeecouncil.org.uk](mailto:Therapeutic.Sheffield@refugeecouncil.org.uk)