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| CREATIVE THERAPIES & PARENTING SERVICES REFERRAL FORM |
| *(Please click/tap the appropriate box)*[ ] If you are seeking **post-SGO or post-adoption support**, please email the form to **Adoptionsupportgateway@coram.org.uk**[ ] For all **other referrals including Camden schools**, please email the form to: **creativetherapyadmin@coram.org.uk***Please note that all* ***incomplete*** *forms will be* ***returned*** |
| ***CHILD/YOUNG PERSON’S DETAILS*** |
| Name: | **Date of Birth:** Type or click to enter a date | **Current Age:** |
| **Gender:** Click or tap to enter a gender  | **Ethnicity:** Click or tap to choose an ethnicity |
| **Nursery/School/College:**  | **Year Group:** Click or tap to choose a year group |
| ***FAMILY DETAILS*** |
| **Parent/ Carer 1:** **Telephone & Email Address:**  | **Relationship to child:****Ethnicity:** Click or tap to choose an ethnicity |
| **Parent/Carer 2:** **Telephone & Email Address:**  | **Relationship to child:****Ethnicity:** Click or tap to choose an ethnicity |
| **Address:** **Local Authority:**  | **Language(s) spoken at home** *(please state if a translator is required)* |
| **Other family members (names and ages):** |
| ***REFERRER’S DETAILS*** |
| **Name:**  | **Role & setting (e.g., school/agency):**  |
| **Telephone Number(s):**  | **Email Address:**  |
| ***OTHER PROFESSIONALS INVOLVED IN YOUNG PERSON’S WELFARE*** |
| **Lead Professional:** | **Telephone & Email Address:**  |
| **Social Worker:** | **Telephone & Email Address:**  |
| **GP:** | **Telephone & Email Address:**  |
| **Other:**  | **Telephone & Email Address:**  |
| ***CHILD/YOUNG PERSON’S HISTORY/BACKGROUND*** |
| **Is the child/young person a Child in Need?** Click or tap to choose Y/N  |
| **Does the child/young person have a Child Protection plan?** Click or tap to choose Y/N  |
| **Has the child/young person ever had a Child Protection Plan?** Click or tap to choose Y/N  |
| **Does the child/young person have a CAF?** Click or tap to choose Y/N  |
| ***SGO/ADOPTION ONLY****\*Please complete the following section if seeking Post-SGO or Post-adoption support, if not, please leave blank\** |
| **If post-adoption/SGO support, is the child Placed/ Adopted:** Click or tap to choose Y/N **Adoption placement date (if not known exactly, please estimate month and year):** Click or tap to enter a date **Date of adoption order:** Click or tap to enter a date **How long has the child lived with the adopters?****Are the birth parents still involved?** Click or tap to choose Y/N  |
| **Please describe the Parent’s/Parents’ journey to adoption/special guardianship:** |
| **Please give details about the child’s background including social context and family history (e.g., traumatic events, recent births/deaths, loss, transitions, parent’s journey to adoption, discrimination):** |
| ***CAMDEN SCHOOLS ELIGIBILITY CHECKLIST ONLY:****\*Please complete the* *following section if the child/YP lives in or is educated in Camden, if not, please leave blank\** |
| **Previous or current psychological therapy for this child/YP e.g., CAMHS (Please give details):** |
| **If talking therapies have been offered & the child/YP has not been able to make use of these please explain why:** |
| **Can the child/YP get to Coram accompanied by a Parent/School staff? (If No please give details):**Click or tap to choose Y/N  |
| ***REASON FOR REFERRAL*** |
| **Please give details for the reason for referral:** |
| ***PREVIOUS EXPERIENCES OF SUPPORT*** |
| **Has the child/family previously been referred to other interventions?** (e.g., CAMHS, psychotherapy, Family, speech, or occupational therapy)**Please state the name of the provider(s) and outcome:** |
| **Level of Concern** *(Click/tap)***Low 1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ]  **6** [ ]  **7** [ ]  **8** [ ]  **9** [ ]  **10** [ ]  **High** |
| **Identified Risks: (Any known risks with child/parent e.g., behaviour/conduct/background)** |
| **What change do you hope to bring about by a referral to Creative Therapies and Parenting Service?** |
| **Can you please confirm that the Parent/Carer has provided their consent for the information provided in this form to be used for evaluation purposes?** Click or tap to choose Y/N  |
| Parent/Carer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Type or click to enter a date  | Referrer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Type or click to enter a date  |