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| **MY VIEW NATIONAL REFERRAL FORM** |
| **To which service do you wish to be referred?**  **London  Yorkshire & Humberside  East of England**  **Remote**  **Kent Groups**  **East Sussex County Council** |
| **Please note: we work with separated children and young people up to the age of 21 years old. Furthermore, we** **are not a crisis service and cannot work with serious psychiatric disorders. If you have immediate concerns for your clients, please take them to their GP or to their local hospital’s A&E.**  **Please tick here to confirm that you have read and understood the above statement** |

**Please fill in as much as you can. Remember to include a name, number and/or email for us to contact you.**

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| **If available, would the young person prefer one to one therapy sessions or group therapy sessions?**  **1:1 sessions  Group sessions  Either/No specified Preference** |

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| **Today’s date:** | **Are you referring yourself? Yes  No** |
| **SHOULD WE CONTACT CLIENT DIRECTLY?**  **Yes  No** | **IF NO, WHO SHOULD WE CONTACT? (Please give name, telephone and email if possible)** |

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| **CLIENT’S DETAILS** | |
| **First name:** | **Surname:** |
| **Date of birth:** | **Age (must be under 18):** |
| **Is the client being age disputed or in the process of assessment? (Please give details including any assessments to date)** | |
| **Gender: Male  Female**  **Other** | **Nationality:** |
| **Current address:** | **Telephone number (Client):** |
| **Email address:** |
| **Living arrangements: Foster Care**  **Home Office Accomodation**  **Independent  Local Authority Accommodation**  **Destitute  Other** | |
| **Living arrangements additional Information (for example, type of local authority accommodation):** | |
| **Languages spoken:** | **If you have asked us to make initial contact with the client directly, please indicate the client’s level of English:**  **Read a text? Yes  No**  **Read an email? Yes  No**  **Receive a phone call? Yes  No** |
| **Interpreter required:**  **Yes  No** |

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| **LEGAL REPRESENTATION (If applicable)** | |
| **Solicitor Firm:** | |
| **Assigned Solicitor:** | |
| **Address of firm:** | |
| **Email:** | **Telephone:** |

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| **IMMIGRATION AND SUPPORT STATUS** | |
| **Date of arrival in UK:** | **Home Office Ref No:** |
| **In detention?**  **Yes**  **No** | **Date of detention:** |
| **Applied for asylum  Appeal  Granted asylum  Refused asylum**  **UASC Leave  Other (please give details):** | |
| **(FOR REFUGEE COUNCIL USE) IN-FORM No………………………………………………………………** | |

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| **REFERRAL REASONS** |
| **Please indicate which of the following, if any, that you have concerns about:**  **Sadness  Home life  Sleeping  Isolation  Suicide**  **Depression  Drugs/alcohol  Immigration  Self harm  Eating** |
| **Other concerns:** |
| 1. **Brief reasons for referral** |
| 1. **Why do you think that your client will benefit from our therapy?** |

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| **EMERGENCY CONTACT DETAILS** | |
| **Social Worker:**  **Social Worker’s Manager:**  **Key Worker :** | **Foster carer:**  **Other:** |

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| **GP SURGERY DETAILS** | |
| **GP Surgery:** | |
| **Assigned GP:** | |
| **GP address:** | |
| **GP email:** | **GP telephone:** |

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| **REFERRER’S DETAILS (if you are not referring yourself)** | | |
| **Name:** | | **Organisation:** |
| **Position:** | | **Address:** |
| **Email:** | | **Telephone:** |
| **Other support (e.g. school, college, religious groups, other places) Please give details**: | **Previous therapeutic support**  **Previous My View client?**  **Referral to CAHMS?**  **Other?**  **Please give details:** | |

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| **DECLARATION** | |
| By submitting this form, I consent to The Refugee Council storing and using the above personal information, in order to provide a service for me/the young person in my care (please delete as appropriate).  *Please note that your signature below is mandatory.* | |
| **Signed:** | **Date:** |
| Please check you have completed all fields and return the form to [**MyView@refugeecouncil.org.uk**](mailto:MyView@refugeecouncil.org.uk)  If you have any questions, please email [**MyView@refugeecouncil.org.uk**](mailto:MyView@refugeecouncil.org.uk) | |