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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**
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| 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** If you have any questions, please email **MyView@refugeecouncil.org.uk** |