



## Self-Referral form:

### Family details:

Parent's name: \_\_\_\_\_ Male/Female DOB: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Male/Female DOB: \_\_\_\_\_

Child's name: \_\_\_\_\_ Male/Female DOB: \_\_\_\_\_

Child's name: \_\_\_\_\_ Male/Female DOB: \_\_\_\_\_

Child's name: \_\_\_\_\_ Male/Female DOB: \_\_\_\_\_

Child's name: \_\_\_\_\_ Male/Female DOB: \_\_\_\_\_

Family status: Lone/step/carer other \_\_\_\_\_

Ethnic origin: \_\_\_\_\_

### Contact details for family:

Home address:

Contact telephone number:

### Please specify any other agencies you are working with:

Name of agency \_\_\_\_\_ Contact person \_\_\_\_\_

Contact details \_\_\_\_\_ Person supporting in family \_\_\_\_\_

Name of agency \_\_\_\_\_ Contact person \_\_\_\_\_

Contact details \_\_\_\_\_ Person supporting in family \_\_\_\_\_

Name of agency \_\_\_\_\_ Contact person \_\_\_\_\_

Contact details \_\_\_\_\_ Person supporting in family \_\_\_\_\_

**Please briefly outline your concerns and reason for referral?**

**How long have these concerns been going on?**

0 - 3 months

3 - 6 months

6 - 12months

over a year

**Please circle , from the list below any which apply to you and your family:**

Family separation

Bereavement

Domestic abuse

Drug/alcohol addiction

financial problems

mental health

Physical disability

Other Please specify below

**Do you currently have support for these issues?**

YES

NO

**Have you sought support in the past and been declined help?**

YES

NO

**Are you open to family support alongside the therapeutic support for your child?**

YES

NO

**Can you provide us with any other information you feel is relevant to you and your family so we can best assist you:**

**Play therapy costs and funding:**

The cost of each play therapy session is £40, which covers all our material costs, room hire, staffing costs and administration.

*Information you give Create Hope will be used by us to tell you about Create Hope services, and to give you information on relevant services in your local community. Create Hope will communicate with you by telephone, letter, email, or in any other reasonable way. You can ask for a copy of the information we hold about you and your organisation, and if the information isn't accurate, you can ask us to correct it. If you do not want to receive letters, emails and telephone calls from us in the future, please tell us in writing.*

*Personal information supplied to Create Hope will be kept confidentially and not accessible to third parties without your consent. In the case of any safeguarding issues we will follow our safeguarding policy and confidentiality of information would need to be broken to ensure you and/or your child's well being.*

*Create Hope will use assessment data for the purposes of the evaluation of the efficacy of the services offered. Data may also be used for research purposes and fundraising but the identity of you and your child will not be disclosed or recorded in the research database.*

**Signed:**

**Date:**