



Referral form - child

Date of referral: _____

Family details:

Parents name:	Male/female	DOB:
Parents 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:

Contact details:

Address: _____

Daytime phone number: _____

Mobile phone number: _____

Family Status:

Lone	Step	Carer	Other
Please Specify:			
Ethnic origin:			
Religion:			

Please specify any other agencies you are working with:

Name of agency:	Contact person:
Contact details:	Person they are supporting in the family:
Name of agency:	Contact person:
Contact details:	Person they are supporting in the family:

GP details:

Name: _____ Surgery: _____

Contact telephone number: _____

Reason for referral:

Current problems please be specific and give as much background information as possible to help us understand the child and family needs:

Environmental issues affecting the family: (i.e. Domestic abuse, bereavement, family separation, bullying etc.)

Are you open to the therapeutic work with the child? i.e. attending meetings, engaging in therapeutic process yourselves.

Play therapy costs and funding:

The cost of each play therapy session is £30, which covers all our material costs, room hire, staffing costs and administration.

Are you able to commit to paying the full amount yourselves?	Yes	No
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Have you sought additional funding elsewhere?	Yes	No
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Please indicate which avenues you have tried:

Are you applying to our Hope Fund for support for funding?	Yes	No
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Employment status:

Employed full time	Employed part time	Self employed
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Unemployed claiming benefits	Unemployed not claiming benefits	Homemaker
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Retired	Sick disability allowance	Maternity leave
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Paternity leave	Student	Other please state
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Are you in receipt of any of the following benefits?

Working families Tax Credits	Job seekers allowance	Income support
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DLA	Incapacity Benefit	Other please state
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What financial commitment can you afford to make towards the cost of each session?

£30	£20	£15
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£10	£5	Other amount £
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Is your child eligible for free school meals?

Yes	No	Names of school:	
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If financial support is granted through our 'HOPE FUND', an initial 12 sessions will be part funded as agreed between the panel and yourselves. If further sessions are needed an updated application must be made.

Please provide additional information, which you feel, will support your application for financial support below:

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.

Parental consent must be sought before Play therapy or therapeutic work with child can commence

Signed (Parent)

Date: