

Enquiry/Referral Form for Children & Young People

All information on this form will be treated as confidential and will be disposed of in line with our GDPR Policy.



Please Note: The role of Edward's Trust is to assist with the difficulties that arise **as a result of bereavement**. Our organisation may not be suitable if the problems have existed for a long time and are not related to the bereavement. If referring more than one child, please use one form per child. It is important that this form is completed in full.

FOR OFFICE USE ONLY

Date of referral: Referral No: Client ID:

Re-Referral: Yes/No (if yes give previous ref no.)

Date of Enquiry: Enquiry no: Date Enquiry closed:

Name of person requiring support:

DOB: Age: Gender:

Language spoken: Ethnicity:

Address:

..... Postcode:

Tel number: Mobile:

Email: Best time/s to contact you by tel:

Any complex needs? (If yes, please detail overleaf)

None Cognition & learning Communication & Interaction

Sensory and/or physical Behavioural, Emotional and Social Development

Referred by: Self Parent School staff / other education

Social services Other Health (GP, hospital, school nurse)

Name:.....

Address (if different from above):

..... Postcode:

Tel number: Mobile:

Bereavement

Name of deceased:

Relationship to child/young person:

DOB: /..... /..... /..... DOD: /..... /..... /..... Age:

Cause of death:.....

Primary Carer:Relationship to child/young person:
Address (if different from above):
..... Postcode:
Tel Number: Mobile:.....

School / College Name:
Address:
..... Postcode:.....
Tel Number:
School contact name: Position:.....
School year:

Family Composition or any other relevant information:

GP's name: Tel:.....
Address:

Were there any concerns about the young person prior to the bereavement?

(Please specify):
.....
.....

Other Presenting Issues? (Please tick all that apply)

| | |
|------------------------------|--|
| Abuse (including sexual) | |
| Anger | |
| Bereavement | |
| Depression | |
| Eating disorder | |
| Financial concerns / Poverty | |
| Relationships | |
| Self Worth | |
| Stress | |
| Substance Misuse | |

| | |
|--------------------------------|--|
| Academic | |
| Behaviour Related | |
| Bullying | |
| Domestic Violence | |
| Family | |
| Relationships with Teachers | |
| Self harm | |
| Sexual (including orientation) | |
| Suicide | |
| Other | |

Relevant medical / mental health history:.....

Reason for referral (*outline reasons for referral and **why in your opinion**, this is going to be helpful now?*).....

Allocated Social Worker (if applicable):

Social Services Dept: Tel:.....

Name of Team Manager:

Name of young person's main Carer:

Date of Social Services involvement:.....

Background and current concerns:.....

Are other agencies involved? No / Yes

If yes, give details below:

| | Date | Agency | Contact Number |
|---|------|--------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Details of the person who will accompany young person to appointments at Edward’s Trust: (If referral is from a third party, this must be agreed with the primary carer or whoever has parental responsibility).

(NB. It is our policy that an appropriate adult must attend and remain on the premises for the duration of the young person’s appointment if under 16).

Name:.....

Relationship to young person:

Tel:

Does this person have parental responsibility? YES NO

If NO please give contact details of the adult who does:

Name:..... Tel:.....

Address:

Any other details you think we need to know?

.....

.....

Please indicate whether

| | | |
|---|---|---|
| Looked after child / young person | Y | N |
| Confidentiality explained to young person carer | Y | N |
| Is young person competent to consent to counselling | Y | N |
| If ‘no’ have you received parental consent | Y | N |
| Parental awareness of young person’s difficulties | Y | N |

Please obtain the permission of the primary carer/whoever has parental responsibility.

Parent/Guardian signatureDate:

Return completed form to:

Edward’s Trust, 3 Vicarage Road, Edgbaston Birmingham B15 3ES

Email: admin@edwardstrust.org.uk

Tel: 0121 454 1705