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| **Time for You Referral Form**  **Relate Sandwell CYP Covid Recovery Project** |

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| **All Sections of This Form Must Be completed** | | | | | | | | | |
| Date of Referral | | Ref No (for office use only) | | | | | | | |
| **Personal Details** | | | | | | | | | |
| First Name(s) |  | | | Last name |  | | | | |
| Address |  | | | | | | | | |
|  | | | | | | | | |
|  | | | Postcode |  | | | | |
| Date of Birth |  | | | Age |  | | | | |
| Gender |  | | | Ethnicity |  | | | | |
| Telephone No. |  | | | | | | | | |
| Email |  | | | | | | | | |
| Will translation/communication support be required? | | | Yes | | |  | No | |  |
| Language Spoken | | |  | | | | | | |
| Name of Responsible Adult | | |  | | | | | | |
| Address of Responsible Adult | | |  | | | | | | |
| Telephone Number of Responsible Adult | | |  | | | | | | |
| Is the Responsible Adult aware of the referral | | | Yes | | | | | No | |
| Emergency Contact Name and Telephone Number  (If different to the above information) | | |  | | | | | | |
| Details of any disabilities/allergies/needs | | |  | | | | | | |
| Details of any other agencies or services involved with the young person | | |  | | | | | | |

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| **Referral Information** |
| Reason for referral (please tick)   * Feelings of anxiety * Low mood * Low confidence or self esteem * Impact of family breakdown * Loss and Bereavement * Family conflict * Relationship issues * Friendship issues/peer pressure * Pressures surrounding social media * Other- please specify ……………………………………………………………..   Please provide any additional relevant information about the client’s needs and the reason for referral |

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| **Referrer Details & Consent** | | | | |
| Organisation (If Applicable) | |  | | |
| Referrer’s Name | |  | | |
| Address | |  | | |
|  | Postcode |  |
| Contact Number | |  | | |
| Email | |  | | |
| I have informed the Child/Young person about this service, and they have consented to be referred  I have permission to pass on contact details and personal data to Relate Birmingham  I can confirm a parent or guardian have consented to the referral if applicable. (Please tick) | | | | |
| **Please send completed referral forms to: timeforyou@relatebirmingham.co.uk** | | | |