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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 referredI have permission to pass on contact details and personal data to Relate BirminghamI 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** |