|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REFERRER INFORMATION | | | | | | | | | | |
| Date of Referral: | Name of Person Referring:  Telephone:  Email: | | | | | | Agency: | | | |
| CLIENT’S DETAILS | | | | | | | | | | |
| First name: Known as: Surname: | | | | | | | | | | |
| Gender: | | | Pronouns used: | | | | | DOB: | Age: | |
| GP details: | | | | | | | | | | |
| Address: | | | | | | Postcode: | | | | |
| Please confirm client is aware of and has consented to this referral and agrees for Axis to make contact: | | | | | | | | Yes | | No |
| As the referrer, please confirm client consents for us to contact you if any further information is needed about this referral/the support you are providing, either now and in the future. | | | | | | | | Yes | | No |
| PARENTAL RESPONSIBILITY 1 | | | | | | | | | | |
| Relationship to Client: Parent/Other (Please state): | | | | | | | | | | |
| Title: (Mr/Mrs etc.) | | First name: | | | | | | Surname: | | |
| Address including postcode: | | | | | | | | | | |
| Mobile: | | | | Home: | | | | | | |
| Email: | | | | | | | | | | |
| Are there any special instructions regarding contact? | | | | | | | | | | |
| Please confirm we have permission to share information with parent/person with parental responsibility and they are aware of this referral and agree for Axis to make contact: | | | | | | | | Yes | | No |
| PARENTAL RESPONSIBILITY 2 | | | | | | | | | | |
| Relationship to Client: Parent/Other (Please state): | | | | | | | | | | |
| Title: (Mr/Mrs etc.) | First name: | | | | | | | Surname: | | |
| Address including postcode: | | | | | | | | | | |
| Mobile: | | | | | Home: | | | | | |
| Email: | | | | | | | | | | |
| Are there any special instructions regarding contact? | | | | | | | | | | |
| Please confirm we have permission to share information with parent/person with parental responsibility and they are aware of this referral and agree for Axis to make contact: | | | | | | | | Yes | | No |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | OTHER SUPPORT AGENCIES INVOLVED. Referrers must inform us of the client’s involvement with other agencies such as Social Services, Probation Services or Mental Health Services | | | | | | | | | | Name | Agency | | | | Telephone number | | | | |  |  | | | |  | | | | |  |  | | | |  | | | | |  |  | | | |  | | | | |  |  | | | |  | | | | | ADDITIONAL INFORMATION | | | | | | | | | | Referring agencies must inform us of any known risks or safeguarding concerns to or from the client. Please indicate if yes or no and give further information below. | | | | | Yes | | | No | | Further information. | | | | | | | | | | Axis is a survivor based organisation and where a young person is both a survivor and where there has been an allegation/police investigation/report of a sexual offence the offer of support is assessed on a case by case basis. Please contact us for further clarification. | | | | | | | | | | Does the client have a Learning Difficulty/Disability or require any special accommodations in order to be able to access counselling with us. If yes, please provide further information below. | | | | | | | | | | REASON FOR REFERRAL | | | | | | | | | | Why is help needed now? Please include as much information as possible (where appropriate) to support this referral. Please note sexual abuse/violence must be a presenting experience | | | | | | | | | | CRIMINAL JUSTICE INVOLVEMENT/PROGRESS | | | | | | | | | | Is there any police investigation or court case pending? | | | | | Yes | | | No | | If yes please provide further information: | | | | | | | | | | CHILD/PARENT APPOINTMENT PREFERENCES | | | | | | | | | | **Appointment days and times**  ***Please indicate your preferred availability below*** *as these are our current appointment days and times and will be discussed and confirmed with parent/carer at the time of the Initial Assessment.* | | Is Parent/carer willing to travel to either Shrewsbury or Telford for face-to-face Appointments? **Please note some therapies such as trauma focused therapy need to be delivered online or face to face only.** | | | | | | | | **YES** | | **NO** | | | | | | **Mondays, Weds & Thurs Telford** | | **Monday, Tues, & Weds Shrewsbury** | **Monday – Shrewsbury PM appointments** | | | **Tues – Telford PM appointments** | **Friday - Shrewsbury** | | | **09.30** | | **09.30** | **14.00** | | | **14.00** | **09.30** | | | **10.45** | | **10.45** | **15.45** | | | **15.45** | **10.45** | | | **12.00** | | **12.00** | **17.00** | | | **17.00** | **12.00** | | | **13.15** | | **13.45** | **18.15** | | | **18.15** | **13.45** | | | **13.45** | | **15.00** |  | | | | **15.00** | | |  | |  |  | | | |  | | | **Please indicate preference for male or female counsellor (Male/Female):** | | | | | | | | | | | | | | | | | | | |

**Please indicate if the client has experienced child sexual exploitation (CSE)**

**Please send this referral by email to** [**counselling@axiscounselling.org.uk**](mailto:counselling@axiscounselling.org.uk) **as a password protected document.**

**Please call us on 01743 357777 if you have any queries.**