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| 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 |
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| 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 |
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| 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):**  |

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

**Please send this referral by email to** **counselling@axiscounselling.org.uk** **as a password protected document.**

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