

**Referral Form for Children or Young Persons under 18 (SV only)**

***N.B. Please explain to the client that we have to ask these questions in order to provide our clients with the service that they need. All data is held is the strictest of confidence and in accordance with GDPR. Details of our privacy statement are available on request.***

***However, there are exceptions to confidentiality which includes any disclosures of harm that has or might occur to any young person under the age of eighteen. in this case we will report the relevant information to other statutory bodies e.g .social services, police, GP. This action will be taken so that we are in compliance with the All Wales Child Protection Procedures.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Referral** |  | | |  | |
| **Referral status** | **Urgent** | | **Non-urgent** |  | |
| **Type of referral** | **Self** | **Family member** | | **Agency** |  |

**This referral is for:**

|  |  |
| --- | --- |
| **Face to face counselling (locations below)** |  |
| **Telephone counselling** |  |
| **Online counselling (Zoom / Skype or Teams)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **1st Choice** | **2nd Choice** | **3rd Choice** |
| **Bridgend** |  |  |  |
| **Cardiff** |  |  |  |
| **Carmarthen** |  |  |  |
| **Merthyr Tydfil** |  |  |  |
| **Newport** |  |  |  |
| **Swansea** |  |  |  |

|  |  |
| --- | --- |
| **Has the young person had counselling previously?** |  |
| **Has the young person had counselling previously**  **with New Pathways? (If so when, how long…)** |  |
| **Has the young person accessed New Pathways**  **services before? (What, when…)** |  |

**Child / young person’s details:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name(s)** |  | | | | | | **Surname** | | |  | | | | | |
| **Date of Birth** |  | **Age** | |  | | **Gender** | | | **Male** | | | **Female** | | **Transgender** | |
| **Address** |  | | | | | | | | | | | | | | |
| **Is it safe to write to this address?** | | | **Yes**   **No** | | | | | | | | | | | | |
| **Home number** |  | | | | **Is it safe to call?** | | | **Yes**   **No** | | | | | **Voicemail?** | | **Yes**   **No** |
| **Mobile number** |  | | | | **Is it safe to call?** | | | **Yes**   **No** | | | | | **Voicemail?** | | **Yes**   **No** |
| **Email address** |  | | | | | | | | | | **Is it safe to email?** | | | | **Yes**   **No** |

**Parent / carer details:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | | | | | | |
| **Address (if different from client’s above)** |  | | | | | | |
| **Who should contact be made with, if different from above?** | | | | |  | | |
| **Home number** |  | | | | | **Mobile number** |  |
| **Work number** |  | | | | | **Email address** |  |
| **Name of person(s) with parental responsibility** | | | |  | | | |
| **Any parental dispute?** | | **Yes**   **No** | **If ‘yes’, please give details** | | |  | |
| **Do both parents agree to this child / young person receiving counselling?** | | **Yes**   **No** | **If ‘no’, please give details** | | |  | |
| **Is the child / young person aware of this referral?** | | | **Yes**   **No** | | | | |

**Referrer details (if different from above):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of referrer** |  | | |
| **Name of organisation** |  | | |
| **Address (if different from above)** |  | | |
| **Email address (if different from above)** |  | **Contact number(s) (if different from above)** |  |

**Reason for referral:**

|  |
| --- |
| **Criteria for Referral: (Please note that from 01-April-2020 referrals will only be accepted which relate to one or both of the following two criteria (please tick which applies):**   1. **Sexual abuse, sexual violence, sexualised behaviour**      1. **Symptoms of sexual trauma (e.g. PTSD, self-harm, suicidal ideation, depression, anxiety)**   **Please note that where an offense against a child has not been reported already to the Police or Social Services, we will have no option but to do so. This is in accordance with the All Wales Child Protection Procedures.** |
| **Has this been reported to the police? Date it was reported.** |
| **Crime Reference Number:** |
| **Which Police Force? Name of Investigating Officer?** |
| **Has it been to court? When?** |
| **Is the child on the Child Protection Register?** |

**Referral information:**

|  |
| --- |
| **Please provide further information on the reason for the referral and the presenting issues** |
|  |

**Other services working with child / young person (e.g. social services, CAMHS, health visitor):**

|  |  |  |
| --- | --- | --- |
| **Name & address of service** | **Name of person(s) working with your child/young person** | **Telephone number of service and/or worker** |
|  |  |  |
|  |  |  |

**Is the child / young person:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **On the Child Protection Register?** | **Yes**   **No** | **A ‘Looked After Child’?** | **Yes**   **No** | **A ‘Child in Need’?** | **Yes**   **No** |

**Please provide details of your child’s school:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Headteacher** |  | **School Telephone no.** |  |
| **Address of school** |  | | |
| **Is the child / young person receiving support from the school (e.g. from the SENCO, counsellor)?**  **Yes**  **No** | If ‘yes’, please provide details below, including the name of the person involved: | | |
| **Is there an Individual Education/Learning Plan (IEP/ILP) in place?**  **Yes**  **No** | If ‘yes’, please provide details below: | | |

**Your child / young person’s medical details**

|  |  |  |
| --- | --- | --- |
| **Name & address of surgery** |  | |
| **Telephone number:** |  |
| **Name of child / young person’s GP** |  | |
| **Does the child / young person have a disability / health issue?** | **Yes**  **No** If ‘yes’, please provide details below: | |

**Where to send the form:**

**Please email the completed form to:** [counsellingreferrals@newpathways.org.uk](mailto:counsellingreferrals@newpathways.org.uk)

**Alternatively, you can return the form by post / in person as follows:**

|  |  |
| --- | --- |
| **For counselling in:** | **Please return to:** |
| Newport | New Pathways, 20-21 High Street, Newport, NP20 1FW |
| Cardiff | New Pathways, 19 St Andrews Crescent, Cardiff, CF10 3DB |
| Merthyr | New Pathways, 11 Church Street, Merthyr Tydfil, CF47 0BW |
| Aberystwyth, Newtown, Carmarthen, Swansea, Bridgend | New Pathways - Mid Wales RSC 46 Great Darkgate Street, Aberystwyth, SY23 1DE |

**For New Pathways office use only:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of person completing form** |  | | | | | |
| **Role in Organization** |  | | | | **Office Location** |  |
| **Contact details** |  | | | | | |
| **Date added to Oasis** | : | **Time** |  | **Client reference number.** | |  |



**New Pathways Monitoring Form - Children / Young People**

***N.B. This data is required for Equal Opportunities Monitoring purposes***

**How old are you?**

|  |  |
| --- | --- |
| **10 or under** |  |
| **11 - 15** |  |
| **16 - 17** |  |

**What gender are you?**

|  |  |  |
| --- | --- | --- |
| **Male** | **Female** | **Transgender** |

**What is your ethnicity?**

|  |  |
| --- | --- |
| **White British** |  |
| **White European** |  |
| **Mixed / Multiple Ethnic Groups** |  |
| **Asian / Asian British** |  |
| **Black / African / Caribbean / Black British** |  |
| **Other Ethnic Group** |  |
| **I prefer not to say** |  |

**What is your religion?**

|  |  |
| --- | --- |
| **No religion** |  |
| **Christian / Church of England** |  |
| **Catholic** |  |
| **Jewish** |  |
| **Muslim** |  |
| **Hindu** |  |
| **Buddhist** |  |
| **Sikh** |  |
| **Other** |  |
| **Prefer not to say** |  |

**Do you have a disability?**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Prefer not to say** |