**London Resettlement Therapeutic Service**

**Child and Family Therapy Referral Form**

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| **Date of Referral:** | | |
| **Confirm Consent has been given by client to be added to RC database: (Y/N)** | | |
| **Please give the details of the child this referral pertains to; or, if the referral is for the whole family, please give the details of one of the children.** | | |
| **First Name:** | | **Family name:** |
| **DOB:** | **Age:** | **Gender:** |
| **Current Address:** | | **Telephone No:**  **(please specify whose number it is)** |
| **Country of Origin:** | | **Nationality/Ethnicity:** |
| **IMMIGRATION AND SUPPORT STATUS** | | | |
| **Date of arrival in UK:** | | | |
| **Afghan Relocation Assistance Programme (ARAP)  Afghan Citizens Resettlement Scheme (ACRS)**  **Vulnerable Persons Resettlement Scheme (UKRS)** | | | |

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| **Family details** | |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Preferred language:**  **Nationality/Ethnicity (if different):** | **Interpreter required:**  **Yes**  **No**  **Language required:**  **Preferred interpreter (if known):**  **Preferred gender of interpreter:**  **Female**  **Male Either/Any**  **Preference not known (RC to ask client when booking assessment)** |
| **Preferred gender of therapist:  Female  Male  Either/Any**  **Preference not known (RC to ask client when booking assessment)** |

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| **School details** | |
| **Name of school:** | **Address:** |
| **Teacher’s name:** | |
| **Other key contacts in school:** | **Telephone No:** |

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| **GP details** | **Social Services or other support services** |
| **GP name:** | **Name & Role:** |
| **Address:** | **Tel. No:** |
| **Tel. No:** | **Email:** |

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| **Reason for referral** |
| **What are the family’s main concerns? What are your concerns?** |
| **What is working well in the family (e.g. identified strengths, protective factors, other relationships that have a positive impact)?** |
| **Is the family aware of the referral? Who might come to therapy?** |
| **Any risk issues:** |

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| **Referrer’s details** | |
| **Name & Role:** | **Email:** |
| **Tel. No.** | **Date:** |

**Lambeth Resettlement Therapeutic Project:**

Therapeutic Services for adults, family and children based in Lambeth who have been resettled under ARAP, ACRS, UKRS or VCRS and VPRS. Referrals come through SHP support workers.

Please return these forms to:[Londonresettlement.ts@refugeecouncil.org.uk](mailto:Londonresettlement.ts@refugeecouncil.org.uk)