**Lewisham Therapeutic Service**

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| **Please note, we** **are not a crisis service and cannot work with serious psychiatric disorders. If you have immediate concerns for your clients, please take them to their GP or to their local hospital’s A&E.**  **Please tick here to confirm that you have read and understood the above statement**  **\*See end of document for referral crateria of these therapeutic services.** |

**Children Aged 13 to 18 Years Old 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;** | | |
| **First Name:** | | **Family name:** |
| **DOB:** | **Age: (must be 13-18)** | **Gender:** |
| **Current Address:** | | **Telephone No:** |
| **Country of origin:** | | **Nationality/Ethnicity:** |

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| **Living arrangements:**  **Foster Care  Home Office Accommodation**  **Private  Local Authority Accommodation**  **Destitute**  **Other:** |

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| **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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| **Emergency Contact Details** | |
| **Family/carer:** | |
| **Teacher’s:** | **key worker or other:** |

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| **Immigration and Support Status** | |
| **Afghan Relocation Assistance Programme (ARAP)  Afghan Citizens Resettlement Scheme (ACRS)**  **Vulnerable Persons Resettlement Scheme (UKRS)** | |
| **Asylum**  **Homes for Ukraine** | **Date of arrival in the UK:** |
| **BRP number:** | |
| **Other reference number (please specify):** | |
| **GP name:**  **GP telephone number:** | **GP address:** |
| **Social Services or other support services** | |
| **Name & Role:**  **Tel No:**  **Email:** |  |

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| **Reason for referral** |
| **What are the main concerns?** |
| **What is working well with the client (e.g. identified strengths, protective factors, other relationships that have a positive impact)?** |
| **Why do you think that your client will benefit from our therapy?** |
| **Any risk issues:** |
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| **Referrer details** |
| **Name:**  **Organisation:**  **Role:**  **Contact number:** |

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| **LONDON RESETTLEMENT THERAPEUTIC SERVICES** |
| 1. **Lewisham Resettlement, HFU and Asylum Therapeutic Project:**   Lewisham Asylum and Resettled Emotional project offer therapeutic Support for people seeking asylum based in the contingency accommodation (adult, family, and children), People from Ukraine on the Homes for Ukraine (HFU) scheme and resettled clients under ARAP, ACRS, UKRS or VCRS and VPRS. |

Please return this form to the London Resettlement Therapeutic Services email: [Londonresettlement.ts@refugeecouncil.org.uk](mailto:Londonresettlement.ts@refugeecouncil.org.uk)