**Community Counselling Referral Form**

**Email:** **cypcounselling@hertfordshiremind.org**

Please complete this form if you would like to access our services and we will contact you to discuss next steps. Please provide as much information as possible. Fields marked with an \* are required

**Date of referral**

Date:

**Your details**

Name\*       Surname\*

Preferred Name

Preferred pronouns

Main phone\*       Mobile

Email       Date of Birth\*

Address\*       Town\*

Postcode\*

**Contact method**

Please complete this section carefully. Supporting you to access the right services is very important to us but it isn't always easy to make contact, so listing as many contact options as possible will help us to help you more quickly.

How would you like us to contact you? Main phone [ ]  Mobile [ ]  Email [ ]

Is it OK for us to leave a message on your mobile? Yes [ ]  No [ ]

What day(s) and or time(s)would you prefer us to contact you? (Monday - Sunday)

**GP details**

GP Surgery\* (Please state unknown if you do not have this information)

**School details**

**Are you currently in education?**

Yes, in school/ college [ ]

Yes in school/ college, but partially attending [ ]

Yes, in home schooling [ ]

No [ ]

Name of school (if applicable)

**Emergency contact information**

Name       Contact number      Relationship to you

My emergency contact has given their consent to share this information Yes [ ]

**Further information**

Our Community Counselling service provides free counselling for children and young people in Hertfordshire. Our service is for ages 5 to 19 and is available to those registered with a Hertfordshire GP.

Counselling can be one-to-one or in a group, and sessions can take place in-person or online. The best option for you will be decided together at the initial appointment.

**Please tell us your reasons for seeking counselling and what you need help with?\***

**Have you referred or been referred to any other services recently?**

**Are there any other professionals or organisations involved in supporting you at present?**

**Is there any additional information we need to know for you to access our services? e.g. language, disability, access to digital devices? \***

**How did you hear about us? \***

GP [ ]

School/ Sixth Form or College [ ]

Promotional event [ ]

Social media [ ]

CAMHS [ ]

Friend or family [ ]

Our website [ ]

Other

**Details of referrer (if completing the form on behalf of someone else)**

Name of referrer       Organisation

Email       Tel number

The child/ young person has given verbal and/or written consent for me to make this referral.

Yes [ ]  No [ ]

**Equal Opportunities and Disability Monitoring**

**Age Group**

5-9 [ ]  10-14 [ ]  15-19 [ ]  20-25 [ ]

**Gender**

Male [ ]  Female [ ]  Transgender (male to female) [ ]  Transgender (female to male) [ ]  Questioning (undecided) [ ]  Non-binary [ ]  Prefer not to say [ ]  Other gender description (please specify)

**Sexual orientation**

Heterosexual [ ]  Gay man [ ]  Lesbian/ Gay woman [ ]  Bisexual [ ]  Questioning (undecided) [ ]  Prefer not to say [ ]  Other sexual orientation description (please specify)

**Religion/ faith**

No religion/ faith [ ]

Christian (any denomination) [ ]

Buddhist [ ]

Hindu [ ]

Sikh [ ]

Muslim [ ]

Jewish [ ]

Other [ ]

Prefer not to say [ ]

**Ethnicity**

White British [ ]

Any other White background [ ]

Mixed – White and Black African [ ]

Any other mixed background [ ]

Pakistani [ ]

Chinese [ ]

Caribbean [ ]

Any other Black background [ ]

White Irish [ ]

Mixed - White and Black African [ ]

Mixed - White and Asian [ ]

Indian [ ]

Bangladeshi [ ]

Any other Asian background [ ]

African [ ]

Any other ethnic group [ ]

Prefer not to say [ ]

**Housing type**

Private rented [ ]

Rough sleeping [ ]

Sofa surfing [ ]

Temporary accommodation [ ]

Living with family [ ]

Living with friends [ ]

Private owned [ ]

University/ College accommodation [ ]

Accommodation tied to employment [ ]

Supported living [ ]

Hotel/ B&B [ ]

Housing Association [ ]

Please name your Housing Association (if applicable)

Other, not listed [ ]

**Caring responsibilities**

Carer of a child (under 18) [ ]

Carer of disabled child/ children [ ]

Carer of adult family member [ ]

None [ ]

**Are you a member of Armed Forces (or previous member)?** Yes [ ]  No [ ]

**Are you a care leaver?** Yes [ ]  No [ ]

**Data Protection and Confidentiality**

Hertfordshire Mind Network adheres to the Data Protection Act 2018’s principles of good information handling and the EU General Data Protection Regulation 2018.Please indicate below if you consent to us collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing. We will use your information appropriately and in line with our Privacy Policy which you can see here: [Privacy Policy](https://www.hertsmindnetworkcyp.org/privacy-policy/)

Your details will not be shared with anyone else without your consent. If you have any concerns or questions about how your personal data is collected and used, please ring us on **02037 273600** or email us at cyp@hertfordshiremind.org

Please note that without your consent, you will not be able to submit this form and access Hertfordshire Mind Network’s services.

Where information is given in confidence that Hertfordshire Mind Network believes poses a risk to the client, a risk to other people, a risk to the safety and welfare of a child, or is against the law, we reserve the right to disclose that information to a relevant third party.

**Do you consent to us collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing? \***

Yes [ ]  No [ ]

**Where to send your completed form**

Please email your completed form to cyp@hertsmindnetwork.org If you have any questions or would like help filling in this form, please call us on **0208 189 8400**