**REFERRAL FORM**

|  |  |
| --- | --- |
| Agency: | |
| Referrer Name: | Tel No: |
| Website: | Email: |
| Address: | |

**Agreement**

(Pony Partnerships must receive this referral form before any work commences)

|  |  |
| --- | --- |
| Name: |  |
| Job Title: |  |
| Signature: |  |
| Date: |  |

**On completion please return this form marked PRIVATE & CONFIDENTIAL to:**

Pony Partnerships CIC

84 Cheal Close

Shardlow

Derby

DE72 2DY

Or email to:

[info@ponypartnerships.com](mailto:info@ponypartnerships.com)

**Client Details**

**1 Contact details**

|  |
| --- |
| Name: |
| Preferred Name: |
| DOB/Age |
| Address: |
| Tel No: |
| Gender identity: |
| Preferred pronoun (he, she, they etc.): |
| Ethnic Origin: |
| Religion: |

Is there any information about race, gender, sexuality, disability, health, immigration status, mental health or religious beliefs that would enable the team to provide a more appropriate service?

|  |
| --- |
|  |

* 1. **Emergency contact**

**In the case of an emergency please provide contact details below**

|  |
| --- |
| Name: |
| Relationship to Client: |
| Contact details: |

**2 Other family details (e.g. other parent’s/step-parents/parental guardians)**

|  |
| --- |
| Name: |
| Relationship to client: |
| Address: |
| Email: |
| Tel No: |
| Emergency Contact details: |

|  |
| --- |
| Name: |
| Relationship to client: |
| Address: |
| Email: |
| Tel No: |
| Emergency Contact details: |

|  |
| --- |
| Name: |
| Relationship to client: |
| Address: |
| Email: |
| Tel No: |
| Emergency Contact details: |

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| --- |
| Name: |
| Relationship to client: |
| Address: |
| Email: |
| Tel No: |
| Emergency Contact details: |

**3 Family Details**

Parental marital status

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Married |  | Living together |  | Separated (currently in court) |  | Widowed |  |
| Civil Partnership |  | Separated |  | Divorced |  | Other (please state below) |  |

Please supply details of client’s additional family (other parent’s/step-parents/parental guardians) and any legal information felt relevant, inc: custody arrangements, parental responsibility, court injunctions or restraining orders.

|  |
| --- |
|  |

Have any family members been suspected, or convicted of: sex offences, domestic violence, physical/emotional abuse or other violent crimes? Please give relevant details:

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| --- |
|  |

**4. Education Details**

What best describes the client’s current education situation (please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary school |  | Home schooled |  | Not currently in education |  |
| Secondary school |  | Pupil referral unit |  | Other (please state below) |  |

Please give further details below:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Education Provider Name & Address: |  |
| Contact Telephone No: |  |
| Email: |  |
| Point of contact: |  |

**5 Other Services**

Please give details of any other services involved in the client’s care that will benefit from the information gained during this therapeutic programme and confirm consent to share relevant information: e.g. social worker, health care providers, education providers.

|  |  |
| --- | --- |
| Doctor’s name |  |
| Address |  |
| Contact Telephone No: |  |
| Relevant medical information/details: (e.g. allergies, medication etc.) |  |

Consent agreed to share relevant information in line with data protection laws:

|  |  |
| --- | --- |
| Client Signature: |  |
| Print name: |  |

|  |  |
| --- | --- |
| Parent/guardian Signature: |  |
| Print name: |  |

|  |  |
| --- | --- |
| Agency: |  |
| Print name: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Agency: |  |
| Print name: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Agency: |  |
| Print name: |  |
| Signature: |  |

**6. Client’s Background History:**

To conform to our health & safety, safeguarding and risk assessment policies, we appreciate your sharing information in the following areas:

Educational History Substance Misuse Medical Issues

Criminal Record Family Situation Living Accommodation:

Any other concerns (please attach separate sheet if required)

|  |
| --- |
|  |

**Offending history:**

|  |
| --- |
|  |

**Potential trigger factors:**

|  |
| --- |
|  |

**Risks:**

|  |
| --- |
|  |

**Strengths:**

|  |
| --- |
|  |

**Current coping strategies:**

|  |
| --- |
|  |

**Previous therapeutic engagement:**

|  |
| --- |
|  |

**Further information you would like us to consider:**

|  |
| --- |
|  |

**7 Further therapeutic details:**

Please explain why you are referring this client:

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| --- |
|  |

What are the future plans for the client?

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| --- |
|  |

Has this programme been discussed and consent given by young person or other (under 16 parental/guardian consent) to attend?

Please give details:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Signature of young person: |  |
| Date: |  |
| Signature of referrer: |  |
| Date: |  |

What would the young person like to get from the counselling programme?

|  |
| --- |
|  |

Consent agreed:

|  |  |
| --- | --- |
| Client Signature: |  |
| Print name: |  |

|  |  |
| --- | --- |
| Referrer Signature: |  |
| Print name: |  |
| Relationship to client: |  |

|  |  |
| --- | --- |
| Parent/guardian Signature |  |
| Print name: |  |
| Relationship to client: |  |