Parent/Carer Referral Form

Hostels Project

Please call us on **020 7267 1321**

Thank you for your interest in referring for Counselling & Psychotherapy at the **Brandon Centre**. This service is for young people aged 16-25 using either the Depaul or YMCA (Landaid) hostels in Islington.

Please complete this form, giving as much information as you can, and email the form to **counselling@brandoncentre.org.uk**

Once we have received your form, we will let you know whether or not the young person has been accepted onto our waiting list. It is possible that someone at Brandon Centre may call you or the young person asking for more information about your referral. This is so that we have the necessary information to make sure that the young person is provided with the right kind of support. Please fill the form out to the best of your knowledge as the more detailed the referral as well as pre-counselling conversation, the better.

Please ensure you update us if the young person's contact details change as we will send emails, texts and (in some cases) letters confirming your assessment time and date.

We are only able to offer appointments to young people aged 16-25 using either the Depaul or YMCA (Landaid) hostels in Islington.

Please tick the appropriate box below.

Depaul ☐ YMCA (Landaid) ☐

Need help immediately?

Please note that we are not an emergency service. If you need urgent support please contact your GP, or go to the nearest hospital A&E.

If you are under 18, you can call **Childline any time 24/7 on 0800 1111**; or can call the **NCL Under 18s mental health crisis line on 0800 151 0023**.

If you are over 18, you can call the **24-hour Crisis Line on 020 3317 6333.**

Young Person's Details			
Referral Date:			
First Name		Surname	
Date of Birth		Age	
Gender		Ethnicity	*Categories on final page*
Telephone number		Sexuality	*Categories on final page*
Email address			
Borough			
Home Address			
Postcode			
Consent to send letters?	Yes ☐	No ☐	
Preferred contact method			
School/College/University			
GP name & practice: Address: Telephone:			
Has the young person given consent to contact GP?	Yes ☐	No ☐	

Referrer Information				
REFERREDBY	Your Name (parent/carer)		Telephone	
	Email		Address	
Is the young person aware of this referral?		Yes ☐	No ☐	

Clinical Information

Please could you tell us about why the young person would like counselling now?

How long has the young person had these problems?

How do these problems impact on the life of the young person day to day (e.g. sleep, eating, work)?

Can you tell us about the young person's living situation (Where are they living? With whom? Is their living situation a problem at the current moment?)?

Has the young person had therapy/counselling/social service involvement in the past?

If the young person has been in counselling before, how did they find this experience?

Has the referral been discussed with the young person?

Clinical Information

Many people who are feeling distressed, down or stress have thoughts or urges to hurt themselves.

Is the young person currently experiencing thoughts of ending their life? Yes ☐ No ☐

If yes, do you feel the person can be kept safe? Yes ☐ No ☐

If you do not feel that they can keep themselves safe and need urgent support please contact their GP, or go to the nearest hospital A&E. If they are under 18, they can call **Childline** any time 24/7 on **0800 1111**; or if they are over the age of 18, they can call the 24 hour **Crisis Line** on **020 3317 6333**

If the young person has experienced thoughts of suicide in the past, or has attempted to take their own life, please provide details below, including services accessed:

Has the young person ever experienced thoughts of self-harm? Yes, currently ☐ Yes, in the past ☐ No, never ☐

Has the young person ever acted on thoughts of self-harm? Yes, currently ☐ Yes, in the past ☐ No, never ☐

If the young person has deliberately harmed themselves in the past, please provide details below, including services accessed:

Are you concerns about the young person's drug or alcohol use? Yes ☐ No ☐

If yes, please tell us more about this concern below:

Is there anything else you think is important for us to know about in relation to this young person's care? (E.g. disabilities or problems in travelling to certain areas)

Young person's ethnic group (*Please choose one of the following*):		
Any other ethnic group ☐ Please state: Prefer not to say ☐ Unknown ☐	**White** White British ☐ White Irish ☐ Any other White background ☐	**Mixed** White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐ Any other mixed background ☐
Asian/Asian British Indian ☐ Pakistani ☐ Bangladeshi ☐ Any other Asian background ☐	**Black/Black British** Black Caribbean ☐ Black African ☐ Black British ☐ Any other Black background ☐	**Chinese or other** Chinese ☐ Middle Eastern ☐

Young person's sexuality (*Please choose one of the following*):
Heterosexual/Straight ☐ Gay/Lesbian ☐ Bisexual ☐ Other: Prefer not to say ☐