

Professional Referral Form

She Is Supported (SIS) Project

Please call us on **020 7267 1321**

Thank you for your interest in referring for Counselling & Psychotherapy with the **Brandon Centre**, as part of the **She Is Support (SIS) Project**.

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 the assessment time and date.

We are only able to offer appointments to girls aged 10-24, attending one of the following Islington youth centres:

Please tick the appropriate box below.

Mary's ☐ Prospex ☐ Highbury Roundhouse ☐

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

REFERRED BY

Name

Telephone

Organisation

Address

Email

Is the young person aware of this referral?

Yes ☐

No ☐

Clinical Information

Reason for referral (difficulties, presenting issues, your impressions):

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

Has the referral been discussed with the young person?

Are there any risk/safeguarding concerns?

Any other relevant information:

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

Young person's sexuality <i>(Please choose one of the following):</i>
Heterosexual/Straight <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other: Prefer not to say <input type="checkbox"/>