

Parent/Carer Form

Large font or screen reader friendly versions of forms are available on request.

Please call us on **020 7267 1321**

Thank you for contacting us about our counselling service. For information on the support we offer, please see our website (<http://brandon-centre.org.uk/counselling/>).

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

If anything in the form needs explaining or you need help completing the form, please call Brandon Centre on **020 7267 1321** and a member of staff can go through the form with you. Alternatively, text us on **07520 633477** to request a call-back.

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

We are only able to offer appointments to people aged 16 - 24 who have a Camden or Islington home address.

Please tick the appropriate box below.

Camden

Islington

*Our waiting list is currently several months long. If the young person is 24 currently, please ask us about the length of our waiting list as we can only offer therapy to people up until their 25th birthday.

*If the young person moved away from Camden/Islington (even if they have been accepted onto our waiting list initially), we unfortunately won't be able to offer them therapy with our service. If they plan on moving away in the next 9 months, email counselling@brandoncentre.org.uk and we can signpost them to other services local to your new area.

Need help immediately?

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

Anyone in crisis, including children, or concerned family members can now call 111, choose the mental health option (option 2), and talk to a trained mental health professional.

The line is open 24 hours a day, 7 days a week, 365 days a year.

Young Person's Details

Referral Date: DD / MM / YYYY		NHS Number:	
First Name		Surname	
Date of Birth	DD / MM / YYYY	Age*	
Current gender		Gender at birth	
Telephone number		Ethnicity & Sexuality	<i>Categories on final page</i>
Email address			
Borough	Camden <input type="checkbox"/>	Islington <input type="checkbox"/>	
Home Address			
Postcode			

Your Contact Details

Your name (parent/carer)			
Your telephone number			
Your address (if different from the young person's)			
Your e-mail address			
Are you happy for us to send letters to your home address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the best way to contact the young person?	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	Post <input type="checkbox"/>
Is the young person currently in education, employment or training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, where?			
How did you hear about Brandon Centre?			
Does the young person know you are making this referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the young person given their permission for their referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Other Services

What is the name of the young person's GP practice?			
Does the young person see a regular GP, if so what is their name?			
Are you happy for us to contact the young person's GP to advise them about your referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Other Services

Has the young person received counselling or mental health support from other services: (e.g. CAMHS; iCope; the crisis team, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please can you give us some information about the help they received including the name of the service?		
If yes, do you give us consent to contact the above service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the young person or your family ever had support from Social Services?	Name of service:	
If yes, do you give us consent to speak to Social Services?	Yes	No
Is the young person a Looked After Child or Care Leaver?	Looked After Child <input type="checkbox"/>	Care Leaver <input type="checkbox"/>

Information

Please type your response in the spaces below:

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?)

Information

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?)

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

Many people who are feeling distressed, down or stressed 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 young 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 expressed 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

Has the young person deliberately harmed her/himself in the past? If so, please provide details below, including services accessed:

Are you concerned about 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 it 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 <i>(Please choose one of the sections below and tick the group)</i>		
<input type="checkbox"/> Any other ethnic group Please state _____ <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unknown	White <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other white background	Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background
Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	Black/Black British <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black British <input type="checkbox"/> Any other black background	Chinese or other <input type="checkbox"/> Chinese <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Any other _____

Your Sexuality <i>(Please choose one of the following)</i>		
Heterosexual/ Straight <input type="checkbox"/> Other: _____	Gay/ Lesbian <input type="checkbox"/> Prefer not to say	Bisexual <input type="checkbox"/>