

**CREATIVE ARTS THERAPY DEVON CIC**  
**PARENT/CARER REFERRAL INFORMATION FORM**

**PLEASE READ PRIOR TO COMPLETING THIS FORM**

Please note that all personal data is stored securely in accordance with GDPR.

This form is intended to help us gain your perspective of your child or young person and the difficulties experienced to help us to assess whether we can help or whether another service might be more appropriate.

If your child or young person attends an educational setting, it would also be really helpful for the school to submit their perspective using the *Educational Setting Supporting Information* form and any reports etc that you think might be useful for us to see.

Please do your best to complete it as thoroughly as possible, but if you find that for whatever reason completing the form is causing a barrier to sharing this information with us, please email us on [info@catdevon.org.uk](mailto:info@catdevon.org.uk) or give us a call on 01364 708722.

Information provided on this form may be shared with the Creative Arts Therapy Devon Team, adults and agencies named on this form and the child or young person, if we believe that to do so would enhance the therapy process. If there is any information you have concerns about sharing, please arrange a confidential meeting with us to discuss your concerns further.

Please send referral forms securely by email either through a secure mailing system such as egress (<https://switch.egress.com/ui/registration/AccountCreate.aspx>) or by first encrypting the document with a strong password before you save and send. A strong password should include a word chosen at random, numbers and a special character. Please inform the therapist of the password via phone or text message. Please contact us if you need support with this.

If completing the form on the computer please switch off bold text when answering the questions.

| <b>About the Child/Young Person</b>   |  |
|---|--|
| <b>Name:</b>  | <b>D.O.B:</b>  |
| <b>Class:</b>   | <b>Year:</b>   |
| <b>Ethnic Origin:</b>   | <b>If English is not the child's first language:</b><br><b>What is the child's first spoken language?</b><br><b>How proficient is their spoken English?</b>  |
| <b>Does the child have any disabilities?</b>  |  |
| <b>Who lives at home?</b>   |  |
| <b>Does the young person referred have any significant family members they do not live with? If so, how often do they see them and what is their relationship like?</b> |  |
| <b>About You:</b>   |  |
| <b>Your Name and Address:</b>   |  |
| <b>Telephone Number:</b>  | <b>Relationship to the child:</b>  |
| <b>Email Address:</b>   | <b>Please highlight/circle if you are happy for Creative Arts Therapy Devon to contact you via the following methods:</b><br><br><b>SMS      Email      Phone</b><br><br><b>Leaving messages on your answerphone</b> |
| <b>Please provide details of anyone else with parental responsibility:</b>  |  |
| <b>Name and Address:</b>  |  |

|   |
|---|
| <b>Relationship to the child/young person:</b>  |
| <b>Has this person consented to this referral being made? Yes      No</b><br><b>If No, please provide reasons below:</b>  |
| <b>What is your relationship like with this person?</b>   |
| <b>To you consider this person to be a risk to you or your family?</b>  |
| <b>Has this person consented to CATDevon having their contact details?      Yes      No</b>   |
| <b>Please highlight/circle if they are happy for Creative Arts Therapy Devon to contact them via the following methods:</b><br><b>SMS      Email      Phone</b><br><b>Leaving messages on their answerphone</b><br><b>Please provide contact details: _____</b> |
|   |
| <b>Name and Address:</b>  |
| <b>Relationship to the child/young person:</b>  |
| <b>Has this person consented to this referral being made? Yes      No</b><br><b>If No, please provide reasons below:</b>  |
| <b>What is your relationship like with this person?</b>   |
| <b>Do you consider this person to be a risk to you or your family?</b>  |
| <b>Has this person consented to CATDevon having their contact details?      Yes      No</b>   |
| <b>Please highlight/circle if they are happy for Creative Arts Therapy Devon to contact them via the following methods:</b>   |

|  |               |   |
|--|---------------|---|
| <b>SMS      Email      Phone</b><br><b>Leaving messages on their answerphone</b><br><b>Please provide contact details: _____</b> |               |   |
| <b>About the Child/Young Person's School</b>   |               |   |
| <b>Name and Address of School:</b>   |               | <b>Class:</b>   |
| <b>Name of Teacher:</b>  |               | <b>Name of SENCO:</b>   |
| <b>Telephone Number:</b>   |               | <b>Email Address:</b>   |
| <b>Have you informed the school about this referral?</b>   |               | <b>Child Protection Lead:</b>   |
| <b>Do you prefer for the child/young person to receive therapy sessions at the school or at an alternative venue?</b>            |               | <b>If you would like sessions to take place at an alternative venue &amp; have one in mind, please put the details for this venue below &amp; state why it is your preference</b> |
| <b>Is there current social care involvement with the family?</b>   |               | <b>Yes      No</b>  |
| <b>Has there previously been social care involvement with the family?</b>  |               | <b>Yes      No</b>  |
| <b>Please outline the reasons for any current or historical social care involvement:</b>   |               |   |
| <b>Is there a court order in place with regards to the child and/or their family members? Yes    No</b>                          |               |   |
| <b>Please outline the details of any court order relating to the safety and well-being of the child referred.</b>                |               |   |
|  | <b>Agency</b> | <b>Contact Details</b>  |

|  |  |  |
|--|--|--|
| <b>AGENCY INVOLVEMENT: Please list all agencies directly involved with the child and their contact details</b> |  |  |
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**Please provide the name and address of the child's GP:**

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| <b>Is the child receiving medication?</b><br><br><b>Yes/No</b> | <b>If yes please provide further details</b> |
|--|--|

**Does the child have any medical conditions, including allergies, that may need to be included in the therapists risk assessment? Yes/No**

**If yes please give further details below:**

**The Therapeutic Intervention**

**Is your child currently or previously attended therapy or counselling? If so, please can you provide more details**

**If Known, please tick the preferred intervention for this child (although this preference will be taken into account, the final decision rests with the therapist based on the outcomes of a thorough referral process):**

|   |   |  |  |
|---|---|--|--|
| <b>1:1 Therapy</b> <input type="checkbox"/> | <b>Group Therapy</b> <input type="checkbox"/> | <b>Parent-Child Therapy</b> <input type="checkbox"/> | <b>Family Therapy</b> <input type="checkbox"/> |
|---|---|--|--|

**Please provide reasons for your preference:**

**At Creative Arts Therapy Devon we provide a variety of therapy interventions e.g Play Therapy, Art Therapy, Drama Therapy. Do you have a preferred therapy medium or practitioner you would like to work with? If so, please give reasons for this preference.**

**Please outline any behaviours that poses a risk to the safety of the child/young person or adults working with the child. Please include any history of self-harm.**

**Please outline any difficulties the child/young person has had to experience in their lives, clearly stating if this is current or historical.**

**What do you consider to be the child's strengths?**

**How does the child respond to new environments or people? Do they separate easily from their parent/guardian?**

**How does the child respond to rules and boundaries?**

**What positives or protective factors do you think the child currently has in their lives, for example close friends, family relationships or hobbies?**

**What support does the family have in place? (this can be informal support networks such as family and friends)**

**Please outline your main reasons for referral**

**Please briefly state up to 3 hoped for outcomes of this referral:**

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