

**Counselling Referral Form**

The Butterfly & Phoenix Project provides one to one counselling (6-8 sessions) to young people aged 11-18. Counselling helps young people to explore triggers to their issues and helps them to identify and utilise alternative coping mechanisms.

Please note that we are an early intervention, prevention service and cannot provide support in crisis situations. The Butterfly and Phoenix Project only operates during school term time and this will affect the waiting times.

| Young Person's Details  |        |
|---|--------|
| Consent:<br>Has the young person consented to a referral being made and for the Butterfly and Phoenix Project to store personal information in line with our privacy policy?<br><i>(If young person has not consented then the referral cannot be accepted)</i> | YES/NO |
| Full Name:  |        |
| Address including Postcode:   |        |
| Young Person's Telephone:   |        |
| Young Person's Email:   |        |
| Date Of Birth:  |        |
| Age:  |        |
| School & Year Group:  |        |
| Gender:   |        |
| Ethnicity:  |        |
| Any Disabilities:   |        |
| Preferred language:   |        |
| Preferred contact method:   |        |
| <b>Emergency Contact Details - MUST BE A PARENT OR CARER (ESSENTIAL)</b><br>(We provide a confidential service however, this is required in case of emergency or if confidentiality needs to be   |        |



breached. Please note these details will only be used in an emergency situation)

|   |        |
|---|--------|
| Is Parent/Carer aware of referral?<br><small>(Under 13's only – Support will begin once the project has obtained written consent from a parent/carer)</small> | Yes/No |
| Full Name:  |        |
| Address including postcode:   |        |
| Home Phone:   |        |
| Work Phone:   |        |
| Mobile:   |        |
| Email:  |        |
| Relationship to client:   |        |
| <b>GP Details (ESSENTIAL) – Must be registered with a GP in the Fylde, Wyre, Preston, Chorley or South Ribble areas</b>                                       |        |
| GP Name:  |        |
| GP Address including postcode:  |        |
| Telephone:  |        |
| <b>Referrer details-</b>  |        |
| Name of referrer:   |        |
| Organisation:   |        |
| Address including postcode:   |        |
| Contact Number:   |        |
| Contact Email:  |        |
| Relationship to young person:   |        |
| Referring date:   |        |
| <b>Reasons For Referral</b>   |        |



|   |  |  |                                  |  |
|---|--|--|----------------------------------|--|
| Please outline the reason for referral:   |  |  |                                  |  |
| Please tick if any of these are experienced:  | Self-harm or risk of self-harm/destructive behaviour |  | Issues around sexuality          |  |
|   | Mild depression / low mood                           |  | Sexual and physical abuse (past) |  |
|   | Anxiety  |  | Bullying                         |  |
|   | Low confidence                                       |  | Family issues                    |  |
|   | Loss and bereavement                                 |  | Low self esteem                  |  |
| Are you currently waiting to be a witness at a trial?   | Yes/No   |  |                                  |  |
| Is there a CAF/Child protection plan in place?  | Yes/No   |  |                                  |  |
| If yes- please provide CAF reference  |  |  |                                  |  |
| Any current suicidal thoughts?  | Yes / No   |  |                                  |  |
| Have you ever attempted suicide?  | Yes / No   |  |                                  |  |
| Has an attempt been made in the last 3 months?<br><i>If answered yes, unfortunately the support required is outside of our early intervention criteria and we would recommend a referral to CAMHS. The young person's GP can be contacted to arrange this.</i>                          | Yes / No   |  |                                  |  |
| Do you currently have plans to attempt suicide?<br><i>If answered yes, then we recommend contacting your local CAMHS for immediate advice. If you feel you cannot keep yourself safe get immediate support by calling 999 and asking for an ambulance or going straight to A&amp;E.</i> | Yes / No   |  |                                  |  |
| Are you currently receiving any other counselling support including CAMHS?  | Yes/No   |  |                                  |  |
| If yes- Please provide more information:  |  |  |                                  |  |
| Are other professionals involved?<br>(Health, education, social services, police, voluntary agencies, educational psychologists)  | Include reference and contact numbers:               |  |                                  |  |

**PARENTAL/CARERS CONSENT TO BEGIN COUNSELLING**

We require parent/carer's consent to begin counselling on the (Butterfly/Phoenix) Project. This is required for any young person under 13 years of age who wishes to engage with the project.

We are guided by the Fraser Guidelines, which say we can assess the ability of young people to consent to counselling without the consent or knowledge of their parent/carer. The Fraser Guidelines do not apply to young people under the age of 13 therefore any anyone under 13 cannot receive support from the project without consent. Due to the confidential nature of counselling we will be unable to discuss the content of the sessions with you. (Unless we believe someone is at risk).

Please complete the consent form below and return it to Freepost:ncompassnorthwest. Please note assessment or counselling cannot begin until this form is returned.

**Consent Form:**

**This form must be completed in order for your child to be able to participate in the Project.**

**Childs Name:** .....

I give permission for the above named child to begin counselling and understand that information pertaining to the content of the work will not be discussed with me.

**Signature of Parent/Guardian**.....

**Print Name**.....

**Date**.....