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**KidsAid Referral Form – Child**

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| Name of child: |  |
| Date of birth (DD/MM/YYYY): | / / Age at time of referral: |
| Gender at birth: |  |
| Gender identity: |  |
| Ethnicity: |  |
| Religion: |  |
| Language: |  |
| Does the child have a disability? |  |
| Does the child have any medical needs? | GP name/contact details: |
| Does the child have any mental health needs? |  |
| Current address the child is living at (please state if it is within the family/ Foster placement/ Children’s home/ other : |  |
| Is child / family under Common Assessment Framework /Child in Need/ Child Protection/ Looked After child/ Asylum seeker/ Refugee | **YES / NO:**  If yes, please provide details of professionals involved in this: |
| Contact details for all persons with parental responsibility: | Name/ Names:  Relationship to child:  Contact Number:  Email address:  Is there anyone with whom we should not communicate?: **YES / NO:**  Details: |
| Details of referrer: Name of person referring (if details are different to above): | Name:  Profession:  Address:  Contact Number:  Email: |
| Which school is the child enrolled at?  (Please state a named contact in school) | Name:  Address:  Contact Number: |
| Are they attending school? | **YES / NO / HAS PROBLEMS WITH ATTENDANCE LEVELS** |
| Does the child have any Special Educational Needs (SEN’s)? | **YES / NO**  **If yes, please state:** |
| Is the child **currently** engaged in any other form of psychological therapy or previously been referred to any mental health services? (counselling, CBT, etc)? | **YES / NO**  **If yes, please state:**  **Type of Therapy:**  **Duration:**  **Outcome:** |
| **Funding and type of therapy requested** | |
| KidsAid unfortunately only has extremely limited funds available to fund therapy in exceptional cases and can only do so when other sources of funding are not available. Please ensure that all potential funding sources have been explored such as Pupil Premium via the school, health and social services and other charitable sources. Unfortunately, we cannot guarantee that we can provide therapy for a child without funding. To explore funding options please call us to discuss: 07471 762737 | |
| Is there anything we can do to assist the child with engaging with their therapy? | **YES / NO**  **If yes, please state:**   * Therapist modality? (e.g., Art, Play, Dance Movement, Dramatherapy, Talking Therapy) * Materials or toys? (e.g., sand, playdoh, masks, balls, paints etc.) * Identification of therapist (e.g., gender, cultural sensitivity etc.) |
| Has funding been agreed for the therapy? | **YES / NO**  **If yes, who will be funding this?** |
| How did you hear about KidsAid? |  |
| **Reasons for referral** | |
| What are the issues you would like therapy to help the child with?  **Please circle and provide details:** | * **Abuse: Physical / Emotional / Sexual / Neglect** * **Domestic violence** * **Bereavement** * **Bullying** * **Illness** * **Traumatic event** * **Specific mental health problem (e.g. eating disorder, AD/HD, anxiety disorder, depression, self harm etc).** * **Attachment difficulties** * **Learning disability** * **Sexualised behaviours**   **Other (please state):** |
| **Please describe the problem in more detail:** Please include approximate age of onset of the problem / behaviours, their frequency and severity, any particular triggers for behaviours, impact on those around the child (peers, carers and family etc). |  |
| What do you hope the child will gain from therapy at KidsAid? (e.g. any specific goals or outcomes you hope for) | **Please describe:** |
| **Any other information you wish to provide us with?** | |
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