



**Family Counselling Trust Somerset**

**Dedicated telephone line for referral discussion: 07375 625440**

**REFERRAL FORM**

**Guidance**

It is expected that suitable referrals to FCT will fall below Specialist CAMHS referral criteria. Usually, a single core problem involving a child will be present. FCT cannot accept young people with presentations that suggest a psychotic episode may be occurring, entrenched self-harming or eating-disordered behaviours are clearly established. Presentations that FCT can usually accept might involve mild obsessive/ compulsive behaviours, generalized and specific anxiety, low mood, uncharacteristic displays of anger and aggression, receiving or contributing to bullying behaviour. FCT counsellors are not able to receive referrals that suggest, for example, formal mental illness, entrenched self-harming or eating disordered behaviours. FCT will seek to offer a choice of three possible professionals and underwrite up to six counselling sessions in any one financial year.

**Family contributions** towards counseling will be assessed on the basis of household income. All families are expected to contribute £5.00 per session direct to the professional they have engaged. For households with an income over £25000 the sessional contribution is £20.00 and for families with incomes over £35000 the minimum contribution is £45.00 per session. It is important when referring to explain to families that FCT is a charitable Trust and as such is dependent upon various income sources including a minimum parental contribution.

**Please provide the following basic information:**

**Referrer's name, agency, address and telephone number(s):**

**Referred person's Name and Date of Birth:**

**Parent(s) / Carer's name:**

**Home Address**

**Telephone number(s) and email address if available:**

**GP name, surgery, address and telephone:**

**Brief description of the Problem / Reason for referral:**

Please confirm that the family is aware that a referral to FCT is occurring.

Please give your reason for not referring to CAMHS at this time.

Please share any safeguarding issues along with this referral.

Signature of referrer..... Date:

Upon completion, please forward your referral either by email to [anguscrutchfield@outlook.com](mailto:anguscrutchfield@outlook.com) or by post to:

FCT Somerset FLM, New Corner House, Stathe, Bridgwater, Somerset TA7 0JL