



**Family Counselling Trust Wiltshire  
Referral Form**

**Guidance**

FCTW accepts referrals that fall below the criteria for Specialist CAMHS. This will usually involve a child with a clear problem interfering with functioning and/or causing emotional and behavioural difficulties such as mild mood disorders, obsessive/ compulsive behaviours, generalized and specific anxiety, uncharacteristic displays of anger and aggression, receiving or contributing to bullying behaviour.

FCT does not offer a crisis service. FCT cannot accept young people with presentations that suggest more severe mental illness such as psychosis, entrenched self-harming, established eating-disorders or highly risky or suicidal behaviour.

FCT will aim to offer a choice of three possible professionals and underwrite up to six counselling sessions in any one financial year. Family contributions towards counselling will be assessed on the basis of household income.

Date of referral					
Referrer's Name					
Referrer's Agency					
Referrer's Address					
Referrer's Telephone					
Referrer's Email					
Referred Person					
Date of Birth		Age		Gender	
Parent / Carer Name					
Address (including Postcode)					
Telephone		Mobile			
GP Name, address,					
Reason for Referral (continue on a separate sheet as needed)					

Income band:           Up to £25,000 pa including benefits (£5 per session) Yes/No/Unknown  
                               £25,000 - £35,000 pa including benefits (£20 per session) Yes/No/Unknown  
                               Over £35,000 pa including benefits (£45 per session) Yes/No/Unknown

Is this child/ family eligible for Pupil Premium? Yes/No

Will the school be paying the cost of the session? Yes/No

Have the child and family given consent to a referral to FCT? Yes/No

Have you considered CAMHS Tier 2 or 3 prior to FCT referral? Yes/No    If no, please say why not
Regarding Safeguarding: Is there any current or pending police or court involvement? Yes/No
Do the circumstances require notification to Safeguarding and has this been done? Yes/No
Why not?
Who has Parental Responsibility?
Other Comments:

Signature of referrer: \_\_\_\_\_

Post form to: Cyndy Walker, Family Liaison Officer, c/o The Practice Rooms, 7A Catherine Street, Salisbury, Wiltshire SP1 2DF Email: [fctwflora@outlook.com](mailto:fctwflora@outlook.com) Telephone: 07375535407