



Standard REFERRAL FORM

IMPORTANT GUIDANCE for Referrers

FCT is a charitable trust whose aim is to ensure that the limited funds at our disposal reach children, young people and parents who are strongly motivated to engage in psychological therapy.

FCT is an 'early-intervention' mental health service seeking to provide a rapid response. FCT offers six sessions in, what can be, complex family situations. FCT accepts referrals of children (up to their 18th Birthday) with mild obsessive behaviour, anxiety, depression, anger issues, bullying dynamics, displays of aggression, family communication and relationship difficulties.

FCT cannot accept referrals of: Looked After Children, young people with symptoms of severe eating disorders, possible psychotic behaviour and complex safeguarding issues.

Household income determines family contributions towards counselling – FCT uses three income bands to assess this (shown on Page 2).

To make a referral to FCT please download this form, provide information for all details specified below and send it to the appropriate address (please see end of Page 2).

Date of Referral:

Referrer:

Name:

Agency:

Address:

Email:

Telephone:

Referred Child / Young Person:

Name:

Date of Birth:

Age:

Gender:

School:

Parents / Carers names (*essential):

Address:

Contact Telephone numbers (*essential):

Parental email address:

GP Surgery:

Address:

Telephone number:

Email address:

Other: Has CAMHS been considered? If not, why not? Please advise if a referral elsewhere is being considered at this time:

SUCCINCT DESCRIPTION OF THE PROBLEM WITH IMPORTANT DETAIL:

DO YOU HAVE ANY SAFEGUARDING CONCERNS? If YES, please specify what action you have taken.
To include any Police or Court involvement.

Tick next to HOUSEHOLD INCOME band – after consulting with the family

BAND 1 - Up to £26,000 pa including benefits (family contributes £5 per session)

BAND 2 - £26,000 - £40,000 pa including benefits (family contributes £15 per session)

BAND 3 - Over £40,000 pa including benefits (family pays counsellor full session cost directly please)

*** If families would like to contribute more for their sessions then this is most welcome and helpful.**

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

Will the school be paying the cost of the sessions? Yes/No (If Yes, please note that the school pays the **full cost per session** regardless of the family income band)

Referrer's Signature and Date: (signing for accuracy of detail and that the referral comes with the consent of the parent(s) named above)

Please Send this Form to the appropriate County FCT Family Liaison Officer:

Dorset FCT Family Liaison Officer – Myra Viggers:

Address: 50 Meadow Road, Yeovil BA21 5PB

Email: flo-dorset@familycounsellingtrust.org

Tel: 07772 101649

Hampshire FCT Family Liaison Officer – Mary Croney:

Email flo-hampshire@familycounsellingtrust.org

Tel: 07538 029210

Somerset FCT Family Liaison Officer – Claire Davey:

Email: flora-somerset@familycounsellingtrust.org

Tel: 07935 997289

Wiltshire FCT Family Liaison Officer – Cyndy Walker:

Address: c/o The Practice Rooms, 7A Catherine Street, Salisbury, Wiltshire SP1 2DF

Email: flora-wiltshire@familycounsellingtrust.org

Tel: 07375 535407

Form last reviewed: 17/12/2018

Family Counselling Trust acknowledges that the welfare of the individual is paramount: Privacy and Confidentiality will be respected where possible but if doing this leaves a child at risk of harm, then the child's safety will always come first.