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| **Please complete the below form for all groups run by Mindfulness Support Service.**  **Please complete a separate referral for each individual that is being referred.** |

Children’s Referral Form

Private and Confidential

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| **Child Details** | | |
| Name and birth of child | Click or tap here to enter text. | |
| Address | Click or tap here to enter text. | |
| Ethnicity | Click or tap here to enter text. | |
| Relationship to client | Click or tap here to enter text. | |
| Relationship to client’s partner / ex-partner | Click or tap here to enter text. | |
| School attended | Click or tap here to enter text. | |
| Are children’s services currently working with the family? |  | Yes |
|  | No |
| Alcohol or drugs usage (Please provide details including historic information) | Click or tap here to enter text. | |
| Mental health issues  (Please provide a brief summary of any current or historical mental health issues) | Click or tap here to enter text. | |
| Additional health or care needs (e.g. dementia, learning disability, physical disability) | Click or tap here to enter text. | |
| Additional risk factors (Please specify) | Click or tap here to enter text. | |
| Did the child witness the abuse or violence? What type and at what age? | Click or tap here to enter text. | |
| In your professional judgement, is the child suitable to undertake mindfulness and meditation? | Click or tap here to enter text. | |
| Does the child still have contact with the perpetrator? | Click or tap here to enter text. | |
| Is the child/youth displaying abusive/perpetrating behavior? | Click or tap here to enter text. | |
| Are there any court orders in place in relation to the child? Please specify | Click or tap here to enter text. | |
| Are there any areas that are NOT safe for the child to attend a course? | Click or tap here to enter text. | |
| Reason for referral (Referrer’s perspective) | Click or tap here to enter text. | |
| Reason for referral (child/young person’s perspective) | Click or tap here to enter text. | |
| Additional agencies working with the client | Click or tap here to enter text. | |
| Additional information | Click or tap here to enter text. | |

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| **Parent / Carer Details** | | | |
| Full name | Click or tap here to enter text. | | |
| Other names known by | Click or tap here to enter text. | | |
| Address | Click or tap here to enter text. | | |
| Contact number | Click or tap here to enter text. | | |
| Is this number safe to call? |  | Yes |
|  | No |
| Email address | Click or tap here to enter text. | | |
| Date of birth | Click or tap to enter a date. | | |
| Gender | Click or tap here to enter text. | | |
| Religion | Click or tap here to enter text. | | |
| Level of employment |  | Employed |
|  | Unemployed |
|  | Self-Employed |
|  | Housekeeper |
|  | Carer |
| Occupation | Click or tap here to enter text. | | |
| Ethnicity | Click or tap here to enter text. | | |
| Main Language spoken | Click or tap here to enter text. | | |
| Immigration status (e.g. Asylum seeker, refugee, spousal visa) | Click or tap here to enter text. | | |
| Alcohol or drug usage (Please provide details including historic information) | Click or tap here to enter text. | | |
| Mental health issues (Please provide a brief summary of any current or historical mental health issues) | Click or tap here to enter text. | | |
| Additional health or care needs (e.g. dementia, learning disability, physical disability) | Click or tap here to enter text. | | |
| Additional risk factors (Please specify) | Click or tap here to enter text. | | |

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| **Details of Abuse** | | |
| Type of abuse  (Please tick all that apply) |  | Physical |
|  | Sexual |
|  | Psychological / Emotional |
|  | Coercive Control |
|  | Financial / Economic |
|  | Harassment / Stalking |
| Dates of abuse | Click or tap to enter a date. | |
| Date of separation | Click or tap to enter a date. | |
| Please provide details of any court orders relating to the client. | Click or tap here to enter text. | |

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| **Perpetrator Details** (Or the victim’s details if the referred client is the perpetrator) | |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| DOB | Click or tap here to enter text. |
| Relationship to client | Click or tap here to enter text. |
| Ethnicity | Click or tap here to enter text. |
| Alcohol or drug usage (Please provide details) | Click or tap here to enter text. |
| Additional risk factors to be made aware of | Click or tap here to enter text. |

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| **Referrer Declaration** | |
| *I confirm that the above information is correct to the best of my knowledge and agree to pass on any additional relevant information to Mindfulness Support Service.*  *I agree to Mindfulness Support Service contacting me to gain further information about the client if required.* | |
| Signed | Click or tap here to enter text. |
| Referrer’s name in block capitals | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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| **Parent/Main Carer Declaration** | |
| *I confirm that I will support my child to attend all sessions on the course.*  *I confirm that if required, I will ensure my child has adequate, safe transport to the venue and back.*  *I understand that if my child misses more than one session, that they will not be able to return to the course and will have to be referred again for the group.* | |
| Signed | Click or tap here to enter text. |
| Referrer’s name in block capitals | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Please email your completed referral form to [info@mindfulnesssupportservice.org](mailto:info@mindfulnesssupportservice.org)  Please password protect all referral forms to ensure information is securely sent. Please provide the password in a separate email. | |

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| **Office use only** | |
| Date received | Click or tap to enter a date. |
| Received by | Click or tap here to enter text. |
| Referral outcome | Click or tap here to enter text. |
| Reason | Click or tap here to enter text. |