**FAMILY COUNSELLING TRUST (FCT)**

 **Telephone or online options on next page**

**Standard REFERRAL FORM**

**IMPORTANT GUIDANCE for Referrers**

FCT is a charity supporting children and adolescents up to 18 years in need of counselling in an inclusive service involving the families. We are an ‘early-intervention’ mental health service seeking to provide a rapid response. FCT offers six sessions of counselling. FCT accepts referrals of children with: anxiety, depression, anger issues, bullying dynamics, mild obsessive behaviour, displays of aggression, family communication and relationship difficulties.

FCT cannot accept referrals of: Looked After Children, children on a Child Protection Plan/Order, young people with symptoms of severe eating disorders, possible psychotic behaviour and complex safeguarding issues.

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

**Before completing and returning this form, please ensure the parent/carer has spoken to the child/young person and explained that you may be seeking counselling. As we are keen to make the best use of our resources, it is important that the child/young person is willing.**

**To make a referral to FCT please complete 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.

**Do the family/child wish to be considered for telephone or online therapy Yes/No**

**Or prefer face to face therapy when available (re: latest Pandemic Guidance)? Yes/No**

**Please tick next to the relevant JOINT HOUSEHOLD INCOME band –** after consulting with the family

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

**BAND B -** £26,000 - £35,000 pa including benefits (family contributes £15 per session)

**BAND C –** £35,000 - £42,000 pa including benefits (family contributes £25 per session)

**BAND D -** Over £42,000 pa including benefits (family pays counsellor full session cost directly + £30 admin fee to FCT 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 – Kay Parkinson**:

Email: flo-dorset@familycounsellingtrust.org Tel: 07772 101649

**Hampshire FCT Family Liaison Officer – Jane Peacock**:

Email: flo-hampshire@familycounsellingtrust.org Tel: 07538 029210

**Somerset FCT Family Liaison Officer – Liz Loud**:

Email: flo-somerset@familycounsellingtrust.org Tel: 07513808849

**Wiltshire FCT Family Liaison Officer – James Poynting**:

Email: flo-wiltshire@familycounsellingtrust.org Tel: 07375 535407

 *Form updated: 23/06/2022*