## A white cover with two people  Description automatically generated

## Parent/Carer Referral Form

## This is a general form to cover all sorts of families. As such, there may be sections which are not applicable to your family or child. Please complete any necessary information you are happy to share. Privacy note at the end. Please type into this form and the boxes will widen. If you prefer a printed form, please let POP now.

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| **Name of child:**  | **M/F** | **D.O.B:**  |
| **Year Group:**  |  | **School:**  |
| **\*Ethnicity: English** | **\*Home Language:**  |
| **Parents/Carers Names:** | **Contact Address:** |
| **Contact phone number:**  | **Contact Email:** |
| **GP Name and Surgery:** |  |

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| **Background information and reasons for referral:** Please include the reasons for referring your child for additional support and what you think is the cause of this.  |

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| **What four things do you hope will happen as a result of seeing the Play Therapist?** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.**  |  |

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| **Please give details of any diagnosis** (e.g. ADHD, diabetes), **any medication and/or other medical problems or allergies:** |



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| **Please give details of any other intervention or additional support your child has received and when?**  |

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| **Please give details of any other agencies involved with your family (e.g. social services):** |

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| **Other information:** |
| **How would you describe your child’s academic achievements currently?** |
| **How would you describe your child’s school attendance level? Please include any details about exclusions if appropriate.**  |
| **Does your child receive additional support for SEND?** |  | **Does your child have an Education Health and Care Plan?** |  |
| **Is your child adopted or in the process of adoption?** | **Is your child Fostered?** |
| **Who has parental responsibility?** | **Are all those holding parental responsibility in agreement with therapy?**  |

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| **Are there any court cases involving any members of your family at present (please give details)** | **Yes** | **No** |
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| **Signature of Referrer (can be signed electronically and emailed).**  | **Date:** |

By completing this form, you are agreeing that POP Therapy Ltd and Aylesbury Vineyard Storehouse (if applying through the POP@Storehouse project) may hold this personal information and use it for the purposes of contacting you about your child’s needs based on the information provided. Information will only be shared with your child’s therapist. No information will be shared with additional parties without request or notification. Please ensure you also sign the Permission form for holding personal information.