MY TIME – REFERRAL FORM

Please complete and send as an attachment to:
mytime@pennyappeal.org
If you need any further information please call:
07714249225

Office Use Only		
Client ID/Ref No:	**Play Therapist:**	**Risk Level:**

REFERRER'S DETAILS	
Referral Agency:	
Referrer's Name:	
Telephone number:	
Email:	
Date of Referral:	
Has the client given consent for this referral:	Yes / No *(delete as appropriate)*

CHILD'S DETAILS	
First Name:	**Surname:**
Full Address:	
Date of Birth:	**Gender:**
School:	
Ethnicity:	**Faith:**
Any special needs or disabilities? Yes ☐ No ☐ **If yes, please specify:**	**Are there any language needs to be considered for the child being referred?** Yes ☐ No ☐ **If yes, please specify:**

PARENT/GUARDIAN DETAILS	
First Name:	**Surname:**
Contact Number:	**Email Address:**

SAFEGUARDING		
Are there any safeguarding concerns?	Yes ☐	No ☐
Is the child subject to a looked after review?	Yes ☐	No ☐
If yes, please give further details (include social worker/family support worker details):		

If circumstances change following this referral please let Penny Appeal know.

REASONS FOR REFERRAL
Please tick the reason for referral: COVID-19 ☐ **Domestic Abuse** ☐ **What do you want help with from the therapy service? (please consider what the child, parents and school may also want help with)** **How are the difficulties affecting the child's everyday life at home and at school? How is this affective the child's development and mental wellbeing?** **What is working well for this child and this family? Self-management strategies/advice already tried and the outcome (if known):**
Relevant medical history (medication, weight, height where appropriate) and medical diagnosis (please include GP name, surgery and address):
Are the child's abilities (e.g. physical skills; communication skills' learning level): ☐ **All at the same level** ☐ **Is one area of development significantly lower than the others? Please state which ability is lower:** ☐ **I don't know**
Has the parent/carer been informed and given their consent for this referral? ☐ YES ☐ NO

Please note forms without sufficient information will be returned for additional details.