Jenny Flannagan

Arts Psychotherapist (adults and adolescents)

MA (Cantab), MBACP, Diploma in Adolescent Counselling,

MA in Integrative Arts Psychotherapy

DATE OF ENQUIRY:

NAME OF YOUNG PERSON (YP):

YP’s DATE OF BIRTH:

ETHNICITY / CULTURAL BACKGROUND:

PERSON MAKING ENQUIRY – WHAT IS YOUR RELATIONSHIP TO YP (if not parent then please highlight who has parental responsibility & whether they are aware of the enquiry):

CONTACT DETAILS (telephone / email / postal address):

YP’S SCHOOL & CLASS:

REASONS FOR CONTACTING ME:

WHAT KIND OF SUPPORT / OUTCOME ARE YOU HOPING FOR?

ANY ADDITIONAL NEEDS OR CIRCUMSTANCES – such as SEND, safeguarding issues, involvement / support of other agencies, previous counselling / therapy

ANYTHING ELSE YOU THINK WOULD BE USEFUL FOR US TO KNOW?

Please note: any information included on this form is to enable us to consider how best we may help you and your young person, and where necessary a recommendation to alternative and / or additional services will be provided. By filling in and returning this form you are giving us consent to collect this information for preliminary assessment purposes. A full data protection privacy notice will be given to you for consent and signing at the initial consultation. Should you decide not to proceed with counselling, this form will be immediately deleted from all records and none of your information will be retained whatsoever.