

Date of enquiry:

Name of Child/Young Person:

Child/Young Person's Date of Birth:

Person making the enquiry – what is your relationship to the Child/Young Person (if not parent then please highlight who has parental responsibility & whether they are aware of the enquiry):

If under 13 years of age at the date of referral (above), written parental consent for holding a child's personal data is required by law.

Please check the relevant box below to say that this written parental consent has:

- ☐ Been obtained and a copy will be provided to the counsellor
- ☐ Been applied for and will be provided prior to the start of counselling

Please note that if a child or young person (under the age of 18) is Looked After, I will need written consent from the child's social worker

Who will pay for the sessions and to whom should invoices be sent?

Clients will be one-to-one and supervised at all times but **I cannot accommodate those who are deemed 'high flight risk'** and may run from the premises or may be at risk of leaving independently: the site is close to a main road and there is a public footpath close by. What level of risk does the young person pose in your view?

Eg, **minimal risk, medium risk, high risk** – please circle and provide more information if medium risk:

Contact details of referrer (telephone / email / postal address):

Child/Young person's school and class (year group):

Reasons for contacting Alison Smith Counselling:

What kind of support/outcome are you looking for?

Any additional needs or circumstances – such as SEND, safeguarding issues, involvement / support of other agencies, previous or ongoing counselling / therapy

Any medical conditions or allergies?

Anything else you think would be useful for me to know?

Where did you hear about Alison Smith Counselling?

Please note: any information included on this form is to enable us to consider how best I may help you and/or your child / 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 me 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.