

## Request for Therapeutic Work

### Individual Counselling

Date of referral: \_\_\_\_\_

Name of Young Person:	
Date of Birth:	
Address:	
Next of kin/Carer/Foster Carer Name and Contact Number:	
Please state who has parental responsibility:	
Please provide a description of the concerns/issues:	
What are the child/their parent (s) or carers hoping for from the referral (use their words).	
Other agencies involved- INCLUDING CURRENT SCHOOL (please list with contact names, if available)	<u>School:</u>  <u>Other agencies:</u>  <u>Social Services or TAF involvement? (please provide names where possible)</u>
Name, role and contact details of referrer:	

Mae'r Cyngor yn croesawu gohebiaeth yn Gymraeg, Saesneg neu yn y ddwy iaith. Byddwn yn cyfathrebu â chi yn ôl eich dewis. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

The Council welcomes correspondence in English or Welsh or both, and will respond to you according to your preference. Corresponding in Welsh will not lead to delay.

Depending on your assessment of the young person's Gillick competency, please evidence the young person or their parent's consent below  
**[Typed or Written is sufficient]**

Young Person Consent:

I give my consent for the referral to be made to the Face2Face Service, and understand the information on this referral form will be used to provide the Face2Face Service with relevant information about my family.  
I agree to the sharing of information with the Face2Face Service to enable the most appropriate service to be allocated. Privacy notice: <http://www.monmouthshire.gov.uk/your-privacy/social-care-health>  
I understand information will be stored securely about me and treated confidentially unless there is a requirement by law because an infant, child or young person has been harmed, abused or is at risk of being harmed or abused.

Young person signature:

Name:

Date:

Parental Consent:

I give my consent for the referral to be made to the Face2Face Service, and understand the information on this referral form will be used to provide the Face2Face Service with relevant information about my family.  
I agree to the sharing of information with the Face2Face Service to enable the most appropriate service to be allocated. Privacy notice: <http://www.monmouthshire.gov.uk/your-privacy/social-care-health>  
I understand information will be stored securely about my family and treated confidentially unless there is a requirement by law because an infant, child or young person has been harmed, abused or is at risk of being harmed or abused.

Parent/Carer signature:

Name:

Date:

Please return completed form to Nathan Meredith, Face2Face Coordinator by email; [facetoface@monmouthshire.gov.uk](mailto:facetoface@monmouthshire.gov.uk)

FOR OFFICE USE ONLY	
Date referral received:	
Date of response:	
Referrer contacted/acknowledgement sent:	
Date allocated to referral list:	

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