

OFFICE USE ONLY: Date: Click or tap to enter a date.

Client number: Click or tap here to enter text.

Referral processed by: Click or tap here to enter text.

Area: Choose an item.

**REFERRAL FORM**

*Unlocking the past – Surviving the present – Reclaiming the future*

Once we have received your completed and signed referral form, our Clinical Lead will need to approve it before we book you an assessment. After the initial assessment has taken place, and if Lifecentre can offer you appropriate help, you will go onto our waiting list. Our Client Support Officers will be in touch about waiting times and with support we can offer whilst you wait for your counselling to start.

Person completing form:

[ ] Self-referral

[ ] Parent or carer

[ ] Supporter

[ ] Other agency - Agency contact details: Name: Click or tap here to enter text.

Email address Click or tap here to enter text. Telephone number: Click or tap here to enter text.

**ABOUT YOU**

Surname: Click or tap here to enter text. First name (s): Click or tap here to enter text.

Date of birth: Click or tap to enter a date. Age: Click or tap here to enter text.

Address: Click or tap here to enter text. Postcode: Click or tap here to enter text.

Is it ok to write to you at this address? [ ] Yes [ ] No

**CONTACT INFORMATION**

Telephone number: Home: Click or tap here to enter text. Mobile: Click or tap here to enter text.

Is it ok to leave a message? [ ] Yes [ ] No

Email address: Click or tap here to enter text.

Are you happy for Lifecentre to use your email address? [ ] Yes [ ] No

**Under 18’s only**

Name of Parent/Carer: Click or tap here to enter text.

Telephone number: Click or tap here to enter text. Email address: Click or tap here to enter text.

Is the parent/carer aware of this referral? [ ] Yes [ ] No

**HEALTH AND SUPPORT INFORMATION**

GP details

GP Name: Click or tap here to enter text. GP Practice name: Click or tap here to enter text.

Practice Address: Click or tap here to enter text. Postcode: Click or tap here to enter text.

Practice telephone number: Click or tap here to enter text.

Health History

Do you have a history of mental health problems? E.g. Anxiety or depression [ ] Yes [ ] No

*If yes, please provide details and when you were diagnosed;* Click or tap here to enter text.

Have you ever been prescribed medication for mental health issues? [ ] Yes [ ] No

*If yes, please provide details of the medication and dosage;* Click or tap here to enter text.

Are you still taking the medication? [ ] Yes [ ] No

*If no, please provide reason for stopping medication*; Click or tap here to enter text.

Are you in care or a care leaver? [ ] Yes [ ] No

Have you ever had any suicidal thoughts? [ ] Yes [ ] No

*If yes, when was this?* Click or tap here to enter text.

How long ago was your last suicidal thought? Click or tap here to enter text.

Have you ever attempted suicide? [ ] Yes [ ] No

*If yes, when was this?*  Click or tap here to enter text.

Do you have a history of self-harm? [ ] Yes [ ] No

Have you experienced any paranoia or psychosis in the last 12 months? [ ] Yes [ ] No

*If yes, please give details*; Click or tap here to enter text.

Have you had support from the drug/alcohol services either in the past or ongoing? [ ] Yes [ ] No

*If yes, when did you receive support?* Click or tap here to enter text.

Is it ongoing? [ ] Yes [ ] No

Which organisation did you receive support from? Click or tap here to enter text.

Do you have any significant physical health challenges or disabilities that we need to take into consideration (E.g. hearing disability, mobility) [ ] Yes [ ] No

Please let us know how we can make sure your sessions are as accessible as possible;

Click or tap here to enter text.

Do you have a good support network around you? [ ] Yes [ ] No

*If yes, please tell us who will be supporting you*; Click or tap here to enter text.

Professional Help

Lifecentre works with other healthcare professionals like GP’s, mental health care and psychiatrists to ensure we take a holistic approach to your therapy. Please provide details of the other professionals supporting you.

Are you currently receiving any professional help? E.g. Social worker, psychiatrist [ ] Yes [ ] No

Professional Help Contact 1

Title: Click or tap here to enter text. Name: Click or tap here to enter text.

Organisation: Click or tap here to enter text. Telephone number: Click or tap here to enter text.

Address: Click or tap here to enter text. Postcode: Click or tap here to enter text.

How often do you have contact? Click or tap here to enter text.

When did you last receive support? Click or tap here to enter text.

Professional Help Contact 2

Title: Click or tap here to enter text. Name: Click or tap here to enter text.

Organisation: Click or tap here to enter text. Telephone number: Click or tap here to enter text.

Address: Click or tap here to enter text. Postcode: Click or tap here to enter text.

How often do you have contact? Click or tap here to enter text.

When did you last receive support? Click or tap here to enter text.

Professional Help Contact 3

Title: Click or tap here to enter text. Name: Click or tap here to enter text.

Organisation: Click or tap here to enter text. Telephone number: Click or tap here to enter text.

Address: Click or tap here to enter text. Postcode: Click or tap here to enter text.

How often do you have contact? Click or tap here to enter text.

When did you last receive support? Click or tap here to enter text.

Do you have any criminal convictions? [ ] Yes [ ] No

*If yes, please provide details of the conviction(s);* Click or tap here to enter text.

Have you ever been aggressive towards others? [ ] Yes [ ] No

If yes, what kind of aggression? [ ] Verbal [ ] Physical [ ] Sexual

**Reason for referral**

Please give a brief description of why you are referring to Lifecentre; Click or tap here to enter text.

When did this abuse happen? Click or tap here to enter text.

Was the offender known to you? [ ] Yes [ ] No

Has it ever been reported to the police? [ ] Yes [ ] No

If yes, please describe the status of the case within the Criminal Justice System;

Click or tap here to enter text.

**FURTHER INFORMATION**

The reason we ask for this information it to ensure Lifecentre can provide the most inclusive and specialised service to best serve our clients.

Which of the following best describes your ethnicity? Choose an item.

Which of the following best describes your gender? Choose an item.

Self-describe: Click or tap here to enter text.

Which pronoun would you like us to use? Choose an item.

Which of the following best describes your sexuality? Choose an item.

Self-describe: Click or tap here to enter text.

Which of the following best describes your relationship status? Choose an item.

Which of the following faith backgrounds do you identify with? Choose an item.

Self-describe: Click or tap here to enter text.

Are you currently in education? [ ] Yes [ ] No

*Which of the following best describes the education you are in?*  Choose an item.

Are you currently employed? [ ] Yes [ ] No

*If yes, which of the following best describes your employment?* Choose an item.

**Counselling preferences**

Once we have received your referral form, our Clinical Lead and team of assessors will make a recommendation for what counselling they feel would be support you. However, it would be helpful to know what your preferences are so we can take them into consideration.

What would be your preferred location for counselling? Choose an item.

**Adults only:** What would be your preferred type of counselling? Choose an item.

We do not employ a male counsellor but want to understand demand for this service, please let us know your preference although we cannot guarantee a male counsellor at this stage.

What is your preference for the gender of your counsellor? Choose an item.

Do you feel comfortable with men in the waiting room whilst waiting for your counselling session to start? [ ] Yes [ ] No

Would you like to be offered prayer as part of your counselling sessions? [ ] Yes [ ] No

What is your availability for counselling sessions (E.g. preferred day and time);

Click or tap here to enter text.

**Lifecentre – U18’s therapy**

**Terms and Agreement**

Lifecentre has one aim: to be there for all survivors who have experienced unwanted sexual trauma and who need our help.

Before submitting your referral form, please read Lifecentre terms and agreement.

By accessing or engaging in Lifecentre counselling you agree to these terms and conditions. These terms and agreement govern your access and use of Lifecentre therapy. You may contact Lifecentre by email at info@lifecentre.uk.com or call on 01243 786349 if you have any questions about these terms and agreement.

You need to agree to these terms of agreement to enter our counselling services.

**What happens in Counselling?**

Our counsellors aim to come alongside you and support you through whatever you are facing. It is your time to be able to say whatever you want to someone who will listen to you, help you and who will not judge you. Sometime counsellors use creative ways to help you express how you are feeling. Sometimes you may need help to cope with going to court. You can book extra sessions before and after your course case, if you have one, to support you through this.

**What is confidentiality?**

Confidentiality means that anything you tell your therapist will stay strictly within the Lifecentre team, which includes your counsellor and their supervisor. Our counsellors regularly attend supervision with a qualified supervisor to make sure they are giving you the best support they can.

There are exceptions in breaking confidentiality during counselling such as;

* If you tell us information about a child who is at risk or being abused (this child/teen may be yourself).
* Any planned harm to yourself or others.
* Offences under the Terrorism or Data Protection Acts.
* In the event of a course case, the Judge has the power to subpoena your counselling notes or request a report as evidence for the case.

In all these cases we want to work with you and have your agreement. We never want to go behind your back as your wellbeing matters to us. Lifecentre counsellors are required to report any risk management issues (hard to yourself or a child/vulnerable adult) and seek further advice. This might be referring or contacting other agencies e.g. Children’s Social Care, your GP and /or mental health services.

**We ask you….**

Please keep our address strictly to yourself. We keep it confidential to protect the privacy of all our clients. If you get upset during counselling, please do not just end sessions suddenly. Please come back and talk about it with your counsellor. Safety is important. We will not allow you wilfully to damage our staff, counsellors, our premises, or our equipment. Please keep us and yourself safe!

**How often do I have counselling?**

You will see your counsellor on the same day and time each week. You can have up to 18 sessions and they last for up to 1 hour.

**Who do I tell if I am un-happy with anything about my counselling?**

If possible, start by talking it through with your counsellor. They want you to be honest, so please do not be embarrassed. If you want someone else to go to, you can chat it through with our Clinical Lead, DJ Holman. Please call the office on 01243 786349 or email info@lifecentre.uk.com to get in touch with her. The office can give you a Service Users Complaints Procedure if you want more information.

**Who pays?**

We make no charge for counselling. As we are an independent charity, we fundraise to ensure that we can continue to offer this service. If you, or someone close to you can support us by donating towards the cost of your counselling we would be grateful – if not, please do not worry.

We belong to a professional body called the British Association for Counsellors and Psychotherapists. We will work to a remarkably high standard in caring for the safety of young people who come to us.

**What if I can’t make a session?**

* Please let your counsellor know as soon as possible.
* Call 01243 786349
* **If you do not attend 2 counselling sessions** throughout the duration of your therapy, without giving us any warning, we will assume you do not wish to continue with counselling. You are welcome to use our helplines or re-refer in 6 months’ time.

**GDPR and Privacy Policy**

We take your privacy very seriously, we do not share information with anyone outside the charity, and it is only used for the purpose it was collected.

You can also use our **Helpline** as a safe place to offload and chat

 Freephone: **0808 802 0808** Sun, Mon, Tues & Thursday evenings (7.30 – 10.00pm)

Text: **07717 989 022**

Mon, Wed & Fri afternoons (open for 2 hours)

Registered Charity No: 1127779 – a company registered by guarantee in England, number 6766164.

Reg office: PO Box 58, Chichester, PO19 8UD

**Lifecentre Client Consent Form**

Are you happy for us to contact you with information related to our services? [ ] Yes [ ] No

Are you happy for us to ask for your feedback on our general services? [ ] Yes [ ] No

Do you want to be added to our newsletter mailing list? [ ] Yes [ ] No

**Donations**

*"Lifecentre is a charity and offers counselling for free, however, if you are in a position to contribute towards the £87 each session costs the organisation, you would be welcome to do so."*

**Are you able to contribute towards your counselling sessions?** [ ] Yes [ ]  No

If so, how much would you like to contribute? Click or tap here to enter text.

**Declaration:**

I am; [ ]  The client [ ]  Parent or carer

In signing this, I am declaring;

* I have read and understand the contents of the Lifecentre Terms & Agreement and consent form.
* That I grant permission for Lifecentre to contact my GP or MH clinician or any of the other professionals about whom I have given information, to discuss my mental health/other needs and to form an overall care plan.

Signature: Date:

Print name: