Barnardo's Resilience Service Referral Form

Has the Parent/Carer consented to this referral **Please ensure the young person and/or parent/carer is made aware of this referral before sending**		Yes ☐ No ☐
Young Person's Details		Date of referral:
Name:		D.O.B: Age:
Gender:	Religion:	Ethnicity:
Contact address: Postcode:		Parent/Carer contact details: Name: Home Tel: Mobile number: E-Mail address:
Does the young person have any of the following: Disability/SEN/ Language Needs A medical condition Y ☐ N ☐ If yes, please give details On medication Y ☐ N ☐		Agencies involved with young person:
GP Name & Address: YP NHS Number:		Name of Referrer: Tel Number: Email Address: Relationship to young person: School YP attends:
Please tick the relevant boxes below that currently relate to this young person (if applicable) :- Looked After Child ☐ Child in Need ☐ On a Child Protection Plan ☐ Young Carer ☐		

Barnardo's Resilience Service Referral Form

Main reason for referral – (e.g. Bereavement, Behaviour, Health & Wellbeing, Family & Peer Relationships, Self Confidence, School, Trauma).
Additional Information - Please provide as much detail as possible including history/background; presenting difficulties and behaviours and how this is impacting the child/young person. Please also include strengths.
Which service would you like your young person to access?
Group Work/Workshop ☐ 1:1 Brief Therapy ☐ Parent Consultation ☐
Do you consent to transfer of referral information to a partnership agency if assessed as more appropriate for the young person's needs? Yes ☐ No ☐
Please email completed form to: sthresilience@barnardos.org.uk