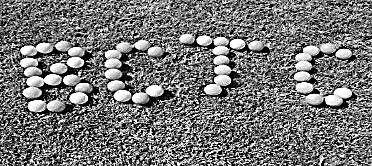
****BRISTOL CREATIVE THERAPY CENTRE

**REFERRAL FORM – Children’s Creative Therapy**

**Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name |  | | |
| Child’s date of birth |  | Child’s ethnicity |  |
| What are your concerns about the child? |  | | |

**The person making the referral**

1. **I am a family member**

|  |  |  |  |
| --- | --- | --- | --- |
| My name |  | My relationship to the child |  |
| My phone number |  | My email address |  |

1. **I am making the referral on behalf of the family**

|  |  |  |  |
| --- | --- | --- | --- |
| My name |  | My job title |  |
| Name of agency |  | Address |  |
| Phone number |  | Email address |  |

**Family details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s home address | Local authority: Bristol / South Gloucestershire/Other ……………………… | | |
| Name of parent/carer living with the child |  | Phone number | Email address |
| Names and dates of birth of child’s siblings | |  | |

**Other information**

|  |  |
| --- | --- |
| Name and address of  child’s school |  |

|  |
| --- |
| Please give details of any other intervention this child has received and when? |

|  |
| --- |
| Please give details of any diagnosis (e.g. ADHD), any medication and/or other medical issues or allergies: |

|  |
| --- |
| Please give details of any other agencies involved with the family: |

|  |
| --- |
| Do any of the following apply to the child? (delete as appropriate)  Early Help Action Plan / Child in Need / Child Protection Plan / Special Guardianship /  Foster care / Adoption Education Health and Care Plan / School Support  Other (please specify): |
| Are there any current court proceedings relevant to the child? If so, please give brief details. |

Please give any other information that you think might be relevant

How did you hear about Bristol Creative Therapy Centre CIC?

……………………………………………………………………………………………………………………………………………….

**For the child’s parent/carer to read and sign**

|  |
| --- |
| I agree to my child being referred to Bristol Creative Therapy Centre CIC.  I agree to Bristol Creative Therapy Centre CIC holding the information on this form on file, in accordance with the Data Protection Act 2018.  I give permission for Bristol Creative Therapy Centre CIC to contact the agencies detailed on this referral form, including my child’s school.  Signed ………………………………………………………………….. Date …………………………………………. |

We currently offer sessions on Mondays, Tuesdays, Wednesdays and Thursdays.

If you can be flexible about times, your child is likely to have a shorter wait for sessions.

Please indicate any days/times that are good for you

……………………………………………………………………………………………………………………………………………………….

And any days/times that would be impossible

……………………………………………………………………………………………………………………………………………………….

We sometimes have student therapists on placement with us. They work with clinical supervision and under the guidance of a BCTC therapist.

Would you be happy for your child to work with a student therapist? Yes/No

OUR CHARGES

We are a not-for-profit community interest company.

We believe passionately that creative therapies should be accessible to all children.

We need to make a charge for our services in order to cover rental and other expenses, but aim to keep charges as low as possible.

**For families**

Creative therapy - Standard £20.00 per session\*

Creative therapy – Supporter from £30.00 per session

If you are able to pay more as a Supporter we would be very grateful, as this helps to subsidise sessions for those in financial hardship

Initial parent meeting - Standard £20.00

Initial parent meeting – Supporter from £30.00

The initial parent meeting is a vital part of the therapy process. It helps us to understand your child and their needs. It’s also an opportunity to explain more about creative therapy and how you can support your child.

We ask for payment to be made in advance of each session.

\* *If £20 per session would be hard for you to manage, please could you describe the reason for this.*

*………………………………………………………………………………………………………………………………*

*……………………………………………………………………………………………………………………………..*

*……………………………………………………………………………………………………………………………..*

**For professionals**

Please get in touch with us to discuss charges for funded sessions

**Why did you make a referral to BCTC rather than another service provider?**

*Please tick all the statements that are true for you*

* Because the cost of private therapy is not affordable
* I have requested a referral to CAMHS, but my child does not meet their criteria
* I have requested a referral to CAMHS / Community Paediatrican / other agency, but the waiting list is too long
* Other charities/organisations have very long waiting lists
* Other service providers only offer a very short intervention (eg 6 weeks)
* Other reason(s) …………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………….

*Thank you for completing this section, which helps us with potential grant applications to secure BCTC’s long-term future.*

**Please return this form:**

**By email to:** [**bristolcreativetherapycentre@gmail.com**](mailto:bristolcreativetherapycentre@gmail.com)

**By post to: Bristol Creative Therapy Centre, Vassall Centre, Gill Avenue, Bristol BS16 2QQ**