

**Pie Factory Music Referral Form**

**Counselling**

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| **YOUNG PERSON DETAILS** |
| Name: | Gender:  |
| DOB: | Address: |
|  |  |
| Telephone no:  |  |
| Mobile no: | Postcode:  |  |
| Email address: | School/College: |  |
|  |  |  |

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| **PARENT /CARER/ GUARDIAN DETAILS** |
| Name: |  |
|  |  |
| DOB: | Address: |
| Telephone no:  |  |
|  |  |
| Mobile no: | Postcode:  |  |
| Email address: |  |  |

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| **REFERRER DETAILS (if not self-referral)** |
| Name of Referrer: | Name of referring organisation/school: |
|  |  |
|  | Relationship to Young Person:  |
| Telephone no: | Address:  |
|  |  |
| Email address: |  |
|  |  |
| Date of referral: |  | Postcode: |
|  |  |  |

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| **GOALS / EXPECTATIONS** |
| **What are you hoping to get out of these sessions?** |  |  |
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|  |  |  |  |  |  |  |
| Does the young person have a learning difficulty? | YES | NO |
|  |  |  |  |  |  |
|  | Moderate |  | Dyscalculia |  | Multiple |  |  |
|  | Severe |  | Other specific |  | Other |  |  |
|  | Dyslexia |  | Autism |  | Not known |  |  |
| *Give details*: |
|  | YES | NO |
| Does the young person have a disability / disabilities? |  |  |  |  |  |  |
|  | Visual |  | Emotional /behavioural |  | ASD/Aspergers |  |  |  |
|  | Hearing |  | Mental health |  | Multiple |  |  |  |
|  | Mobility |  | Temporary disability |  | Other |  |  |  |
|  | Other physical |  | Profound / complex |  | Not known |  |  |  |
|  | Other medical |  |  |  |  |  |  |  |
| *Give details*: |
|  | YES | NO |
| Does the young person have a health condition? |  |  |  |  |  |  |
| *Give details*: |  |  |  |  |  |  |
| Is the young person a teenage parent or parent to be? |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is the young person a Child in Care or leaving care? |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is the young person an offender/ex offender? |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is the young person at risk of offending? |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is the young person living independently?  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is the young person educated otherwise than at school? |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is the young person a truant or have a history of truanting? |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is the young person at risk of becoming NEET (not in education, employment or training)? |  |  |  |  |  |  |
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| **RISK MANAGEMENT** |
| Does the young person pose a potential risk to themselves, other young people, staff or  |
| property? | YES | NO |
|  |  |  |  |  |  |  |
| If ‘Yes’, please provide further information: |
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| **Ethnicity of Young Person:** |  |  |
| White British |  |  | Bangladeshi |  |  |
| White Irish |  |  | Chinese |  |  |
| Gypsy or Irish traveler |  |  | Other Asian |  |  |
| White Other |  |  | Black African |  |  |
| White & Caribbean |  |  | Black Caribbean |  |  |
| White & African |  |  | Black other |  |  |
| White & Asian |  |  | Arab |  |  |
| Other mixed |  |  | Other |  |  |
| Indian |  |  | Not known |  |  |
| Pakistani |  |  | Prefer not to say |  |  |
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| **CONFIDENTIALITY & REFERRAL AGREEMENT** |
| The information you have given on this form will be held in electronic format and on our secure client databases. It is covered by the Data Protection Act 1998. This means that you have the right to see any information that is kept about you if you want to.We are obliged to share some basic details with commissioners and other organisations so that they can monitor our performance in delivering a service to you. We will only share information that is needed and in your interests. However, if there is a legal requirement or duty to do so, or if there is a risk of serious harm or threat to life then we will need to pass on your information without your permission.I agree that you can hold my personal information on your database.  I understand that my someone will check with me before they share this information with anyone else except if there is a risk of serious harm or threat to life. |
|  | YES | NO |
| I agree that you can hold my personal information on your client database and share information with commissioners and other organisations when needed |  |  |  |  |  |  |
|  |  |  |
| **Young person’s signature:** | **Date:**  |
| **Name:** |  |
| **Referrer’s signature:** | **Position:** |
| **Name:** | **Date:** |
| Please complete this form and email an electronic copy to: |
| **info@piefactorymusic.com** |