**YMC GROUP THERAPY REFERRAL FORM (SCHOOLS)**

Guidelines for completing this form:

* Please fill in the details of your referrals in the form below and email the completed form and individual parent/s consent to us at info@youandmecounselling.org.uk.
* Please inform the young persons (clients) you are referring and their parents about your decision.
* This form can be used to refer up to 8 clients or less, if you need to refer more than 8 clients please complete another form.

For further information about YMC service provisions, please visit our website or contact us on our numbers (find our contacts below).

**REFERRER’S DETAILS**

|  |  |
| --- | --- |
| Referring agency / Schools Referrals | Name: |
| Position: | Date of Referral: |
| Contact Address:Postcode: | Phone NumberE-mail: |

|  |
| --- |
| Please indicate which group therapy topic you are interested in: Anger Management Self-Esteem Self-Harm |
| Please indicate the number of group therapy sessions you are interested in:6 8 12 |
| Has the parents of the below mentioned referred young person’s been notified about the group therapy sessions and the consent form signed?  |

**REFERRED PERSON’S DETAILS**

|  |  |
| --- | --- |
| Full Name: | Nickname: |
| Date of Birth: | Ethnicity: |
| Age: | Disability: |
| Address: | Contact InformationHome:Mobile: |
| Reason for Referral | Risks Information |

|  |  |
| --- | --- |
| Name of Parent/Guardian:  | Contact information of Parent/Guardian: |
| Address: | Work: Home: Mobile: Email: |

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