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| **YOUNG PERSONS PERSONAL DETAILS** |
| **Name of Young Person:** |
| **Date of birth:** | **Gender:** | **Ethnicity:** |
| **Address:** |
| **School:** | **Class/ Year:** |
| **Young person’s hobbies/ interests:** |
| **PARENT/ GUARDIANS DETAILS** |
| **Name of Parent/ Guardians:** |  |
| **Address of Parent/ Guardian:** |  |
| **Relationship to young person:** |  | **Contact number:** |
| **What outcomes would you like the young person to achieve as a result of attending this service?** |
| **Any Other Relevant Information: e.g. recent significant events, medical, other agencies involved (current or past)** |
| **Has the young person been referred to any other service? (CAMHS, Community Psychology, Social Work)** |

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| **Have the parents/ guardian given consent for this referral?** |  |
| **Has the young person been informed about this referral?** |  |

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| **REFERRER DETAILS** |
| **Referred by:** | **Referral Agency:** |
| **Contact Number:** | **Email:** |
| **Signed:** | **Date:** |

Contact Seamus Mcaveety Counsellor

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