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| ***Sixth Form therapeutic self-referral form*** | | | |
| **Section 1: Student information** | | **Section 2: Further information** | |
| Name |  | Name of parents/ carers |  |
| Gender |  |
| Address |  | Previous schools, in sequence |  |
| D. o. B. |  |
| Academic year |  | Home language |  |
| Contact number |  | Ethnicity/ religion |  |
| Email address |  | Do you live in Supported Lodgings? *(Yes/ No)* |  |
| **Section 3: Reasons for self-referral** | | **Section 4: Other services/ previous support** | |
| *What are your reasons for self-referring?* | | *Are any other services currently involved with you/ your family (e.g., CAMHS; Social Services)?* | |
| *Is there anything that makes the above difficulties easier for you?* | | *Have you received any previous support for your difficulties?* | |
| **Section 5: Desired outcomes** | | **Section 6: Information-sharing** | |
| *What outcomes do you hope to achieve by self-referring?* | | *I would like to work towards sharing information with:*   * Parents/ carers: yes  / no  / unsure  If “yes”, please specify: * School staff: yes  / no  / unsure   If “yes”, please specify:   * Other services: yes  / no  / unsure   If “yes”, please specify: | |
| **Section 7: Self-referral impact statements *(please check one box for each statement)*** | | | |
| *“I have a comprehensive understanding of my needs”*  (1) Not at all  (2) Not really  (3) Kind of  (4) Pretty much  (5) Definitely | | *“I am aware of a number of specific strategies to support my needs”*  (1) Not at all  (2) Not really  (3) Kind of  (4) Pretty much  (5) Definitely | |
| **Section 8: Consent *(please check all boxes and use your school email account to send the referral form as an attachment to*** [***sixthformreferrals@aggs.bfet.uk***](mailto:sixthformreferrals@aggs.bfet.uk)***.*** | | | |
| *(a) I have read and understood the flow chart detailing the range of therapeutic services*  *(b) I consent to share my name with specific staff for room booking/ safeguarding/ attendance purposes only*  *(c) I consent to share the above information with therapeutic services for the purpose of arranging an initial consultation meeting* | | | |