



You and Me Counselling
Together We Can Find Solutions

Project Reboot Referral Form

Guidelines for completing this form:

- The child/young person should be experiencing poor mental health, and at least one of the following;
 - Unauthorised absences from school
 - At risk of school exclusion
 - Involvement in antisocial and/or risky behaviour
 - Using drugs and/or alcohol
 - Carrying a weapon
 - Having a breakdown in their family relationship
- The child/young person must be between the ages of 11 and 16.
- The child/young person must be living in Havering or Waltham Forest
- Please inform the young person and their parent/carer of the referral before referring.

Please note that due to the limited number of places available in this project, a referral does not guarantee we will be able to offer the young person/family a place.

REFERRER'S DETAILS

Referring School / Agency / Self:	Name:
Position:	Date of Referral:
Contact Address:	Contact phone number & email:
Postcode:	



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CHILD/YOUNG PERSON'S DETAILS

Full Name:	Nickname:
Date of Birth:	Ethnicity:
Age:	Disability:

I AM REFERRING THE ABOVE NAMED INDIVIDUAL FOR THE REASON(S) CHECKED BELOW:

<p>Please Indicate:</p> <p> Unauthorised absences from school Antisocial/Risky Behaviour Family Issues Child at risk of exclusion Involved in or at risk of criminal activity Carrying a Weapon Drugs/Alcohol Use </p> <p style="text-align: center;"><input type="checkbox"/></p> <hr/> <p>Others - Explain: _____</p>	<p>Risks and other important information:</p>
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Using the criteria above as a guide, could you briefly explain the concerns you have for this child/young person? How long has this individual demonstrated these behaviours or concerns?



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PARENT/GUARDIAN’S DETAILS:

Name:	Email:
Address:	Home Number: Mobile Number: Work Number:
<p>What is the name of the parent/guardian that will be attending the Project Reboot sessions with this child/young person, if different to the above named?</p>	

Once you have completed the form, if the person being referred is under 16 years old, the parent/guardian must sign the consent found overleaf. Thank you.



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CONSENT TO SERVICES:

- I have read and understood the information given to me regarding the services You and Me Counselling will be providing me. I understand that if I have further enquiries, I can discuss them with the staff.
- I understand that while I / the young person named above is working with You and Me Counselling, I/they/we will be subject to the service’s code and conduct of behaviour and will be required to conform with the instructions and guidance of the service.

If you agree that you and/or the young person named above should participate in Sporting Pillars’ and You and Me Counselling’s services, please sign below. Thank you.

Name: _____

Signed: _____ Date _____

Parent/Guardian Name (If under 16): _____

Parent/Guardian Signature (If under 16): _____ Date _____