CYP Therapeutic Service Request Form:

Central Bedfordshire Council Safer Accommodation Project

The young person needs to live in safer accommodation, in Central Bedfordshire to access this play therapy or counselling service. Is this their position?	**Yes ☐ No ☐**

Does the family access any of the 5 following schemes/agencies? Please tick below

Resettlement Programme ☐	**Bobby Scheme ☐**	**CBC DA Advisors ☐**	**IDVA Service ☐**	**Flexible Funding ☐**

Child or Young Person being referred for support:			
Forename:	**Surname:**	**Date of Birth:**	**Gender:**
Address Details:			
House Number / Name:	**Street:**	**Town:**	**Post Code:**
Current Attending School Details:			
School name and address: **Contact Name:**		**Contact Number/email:**	
Parent/Carer Contact Details:			
Title:	**Forename:**	**Surname:**	**Date of Birth:**
Home phone number:	**Work phone number:**	**Mobile phone number:**	**E-Mail:**
Address:			

Other Children (living at same address) and needing a referral					**Please tick which child is being referred**
Forename	**Surname**	**Date of Birth**	**Primary Carer Relationship to child**	**Additional Parent / Carer Relationship to child**	

Ethnic Group	Adult	Adult	Child referred				Adult	Adult	Child referred		
British	☐	☐	☐	☐	☐	Any other mixed	☐	☐	☐	☐	☐
Irish	☐	☐	☐	☐	☐	Indian	☐	☐	☐	☐	☐
Italian	☐	☐	☐	☐	☐	Pakistani	☐	☐	☐	☐	☐
Traveller of Irish Heritage	☐	☐	☐	☐	☐	Bangladeshi	☐	☐	☐	☐	☐
Gypsy/Roma	☐	☐	☐	☐	☐	Any other Asian Background	☐	☐	☐	☐	☐
White Other	☐	☐	☐	☐	☐	Caribbean	☐	☐	☐	☐	☐
White and Black Caribbean	☐	☐	☐	☐	☐	African	☐	☐	☐	☐	☐
White and Black African	☐	☐	☐	☐	☐	Any other black background	☐	☐	☐	☐	☐
White and Asian	☐	☐	☐	☐	☐	Chinese	☐	☐	☐	☐	☐

Referrers details		
First Name:	**Surname:**	**Job Title:**
Agency:	**Tel:**	**E-Mail:**

Other agency involvement			
Are there other agencies involved?			
Name:	**Job Title & Agency:**	**Contact details:**	**Currently Involved?**

Other Information relevant to this service request:

Do any of the following apply or have been completed:
(Please supply copies of EHA's CP/CiN minutes, TAF/CiN/CP Plans and dates of any relevant meetings such as Case Conference/Core Groups/TAF)

	Applicable (please tick)	Status (Live / Closed)	Date of Closure (if applicable)	Date of next multi-agency meeting
EHA / TAF				
Child in Need				
Child Protection				
Looked After Child				
MARAC				

Consent & data protection agreement

The Early Childhood Partnership takes data protection very seriously and is committed to protecting your privacy. (Please visit www.oneymca.org to view our Privacy Policy) We will process the personal information you provide in a manner which is compliant with all applicable data protection legal requirements. ***Information provided will not be shared with any third parties without prior consent unless it is necessary for the safeguarding/protection of a child or vulnerable adult***

I agree to the referral and understand why it is being made and my role within it	Yes / No
I understand that this is a voluntary process/referral, and I can withdraw my consent at any time	Yes / No
I understand that information relating to myself, or my child's needs will be recorded and that all paper copies will be stored in a secure place and electronic copies on a secure computer	Yes /No
I understand that the referral and information relating to myself, or my child's needs will be logged securely on an electronic data management system which is hosted and accessible by Bedford Borough Council	Yes / No
I have had the reasons for information sharing and information storage explained to me, and I agree to the sharing of information with the Early Childhood Partnership	Yes / No

Parent/Carers Signature:		Verbal Consent Obtained?	Date:
Referrers Signature:			Date:

By circling 'Yes' under verbal consent rather than obtaining a signature the referrer is confirming that all necessary consent requirements in this referral have been explained to the parent/carer and understood. The referrer is also confirming that the full content of the referral has been communicated to the parents/carers concerned.

Services requests to be emailed to TCSS@ecpbedford.org

Once the referral has been received a member of staff will contact the referrer regarding next steps.
If you have any queries, please contact a member of the team on 0300 323 0245