

Self-Referral Form for Children and Young People Children and Young People's Therapy Service (CYPTS)

Date of Referral:

Name of person completing this referral form:

CHILD OR YOUNG PERSON'S DETAILS		
Full name:	Address:	
Name preferred to be called, if different from full name:		
Date of Birth:	Postcode:	
Identified sex: <i>(please circle or specify)</i>	Gender the child or young person identifies with: <i>(please circle or specify)</i>	NHS No.:
<u>Female</u>	Girl/woman	Mobile (parent/carer):
Male	Boy/man	Email (parent/carer):
Other.....	Transgender	
	Non-Binary	
	Other or prefer not to disclose	
What is the child or young person's ethnic origin?		

PARENT AND FAMILY INFORMATION. PEOPLE LIVING IN THE HOUSEHOLD.
Parent/Carer's full names, DOB, ethnic origin, and relationship to person referred
Name and address of ALL Parents/Carer's with legal parental responsibility (if different from above)
Have the parent(s) with legal responsibility for the child or young person consented to this referral?

Children and Young Peoples Therapeutic Services, Charles Court, Northfields, Strensall, York YO32 5XP
 Telephone: 01904 412551 Email: CYPTSinfo@theretreatyork.org.uk
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Registered office: The Retreat York Heslington Road York YO10 5BN
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Please provide the names, DOB, ethnic origin and of other people living in the household, and their relationship to the child/ young person being referred.

Please provide details of siblings, if they have not been included above because they live at a separate address.

CHILD/ YOUNG PERSON'S NEEDS

What help are you requesting for your child/ young person? Please describe: -

Is your child presenting with any self-harm or suicidal ideation or do they present a risk to others?

If so, please give details.

Has your child experiencing any of the following? If so, please provide details: -

***Anxiety**

***Depression or low mood**

***Traumatic experiences**

***Relationship difficulties**

***Bereavement**

***Stress**

***Panic attacks**

***Sleeping difficulties**

***Other issues relating to the child/ young persons to wellbeing.**

Is your child/ young person aware of this referral at this stage? If so, what are their views?

Please describe your child/ young person's strengths, interests, and coping strategies

Is your child/ young person currently or have they in the past present with any behavior's that could put them at risk e.g., self-harm, suicidal ideation, risk of online abuse, or risky behavior's such as staying out late at night.

If so, please give details.

FAMILY AND SYSTEMIC INFORMATION

Parental separation or divorce. If so, what are the contact arrangements?

Is the CYP impacted by environmental issues? e.g., social isolation, bullying in school, feeling unsafe in their local community.

Equality Diversity and Inclusion (EDI) Information

Is there any information you would like us to be aware of to help us meet your child/ young *person's* needs eg cultural or religious practices, visual or hearing impairment, needs in relation to a disability, learning difficulty?

Please let us know if we need to be aware of any adjustments that might be needed, e.g., interpreter, Wheelchair Access, communication style etc.
Please give details below:

Health: please detail any concerns about the *child's* health and well-being (including mental health)
Is the CYP on any medication? If so, provide details

GP DETAILS

Name:

Address:

Tel no:

SCHOOL: Please detail any concerns about education, (including additional support provided)
Does the CYP have any learning needs? If so, provide details. (Are they subject to a Health and Education Plan?)

SCHOOL DETAILS

Contact Name:

Address:

Tel no:

PROFESSIONALS CURRENTLY INVOLVED

Health Visitor		Occupational Therapist		Social Worker	
Paediatrician		Physiotherapist		Educational Psychologist	
Clinical Psychologist		Psychiatrist		Speech & Language Therapist	
CAMHS worker		Others, please list			

Please give details of any professionals who have PREVIOUSLY been involved

Is the CYP currently subject to a Child Protection Plan, Child in Need Plan or FEHA (Family Early Help Assessment,) or have they been in the past?

Consent

The Retreat York can only provide a therapeutic service for your child on the basis that you have consented to this form. The process will involve collecting personal details and health care information about you and your family.

All information collected will be for the purpose of this service only and will not be shared with a third party unless we have your consent to do so or if we are legally obliged to fulfil a statutory or regulatory obligation e.g., we have received a Court Order, we are aware of a criminal offence or we must comply with a safeguarding matter.

All information will be stored on a secure encrypted network which is protected from unauthorised access through role account privileges. For further details on how we use, manage, and store your personal data please refer to our Privacy Notice at: <https://www.theretreatyork.org.uk/privacy/>. Further information can also be obtained from our Data Protection Officer.

Lawful Processing:

In order to provide this service to you we will need you to consent to the information below.

You can withdraw your consent at any time by contacting us at: DPO@TheRetreatYork.org.uk.

Your personal information will be retained in accordance with statutory retention guidelines as outlined in our Records Management Policy. Please note this does not affect your legal rights in terms of access, erasure and the right to objection and rectification. To find out further information about this please refer to the GDPR/Data Protection section on our website at www.theretreatyork.org.uk

Consent Declaration:

I hereby agree:

- to the treatment and confirm that I have parental responsibility to consent on behalf of my child.
- that I have been advised of the risks and benefits of the proposed treatment.
- that I understand I can withdraw from this service at any time.

Name of Parent/Carer:

Relationship Status:

Signature:

Date:

If the child is 12 years and above:

Name of Child:

Signature:

Date:

Please email this completed form to: CYPTSinfo@theretreatyork.org.uk