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|   |  | **Twilight Referral Form** Please complete in full and email to:cypreferrals@twilight-therapy.co.ukDate:  |

# Official Use Only

#  Client ID

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

# Section 1 Identification of CYP LA: E.g., Bradford

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name:Address: Date of Birth:Phone number of Carer:Email address:**Please tick appropriate.**

|  |  |  |  |
| --- | --- | --- | --- |
| Is the young person attending School? |  | Is the young person an Unaccompanied Asylum-Seeking Child? (UASC) | **Y/N** |
| Does the young person require an interpreter? |  | Is English their first language? | **Y/N** |
| **SEN Needs: E.g ADHD** |

**Provide details of support already received by child, young person, or family.** |

##### Section 2 Referral Details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reason for referral to Twilight TherapyPlease tick relevant box below or give a brief descriptionName of School (If attending)

|  |  |  |  |
| --- | --- | --- | --- |
| **1.1 Tuition (SEN)** |  | **Therapeutic and Educational support (combined package)** |  |
| **Crises support (Including EDT)** |  | **Saturday mentoring** |  |
| **Please explain what specific support you require for the child and young person.****Example** * **3 hours science tuition**
* **Saturday mentoring support**
 |

***Provide details of support already received by child, young person, or family*.** |

**Please complete the form as fully as possible and obtain the relevant CYP verbal consent, consenting to the referral process.** Forms with insufficient details will be returned.

On receipt of the referral, an acknowledgement email will be sent out immediately; and a practitioner will be in touch with the family within 72 hours.

##### Referrer’s signature………………...........................................................................

##### Referrer’s name ……….…………….........................................................................

##### Date: …./.…/….

Please return electronically completed forms to: cypreferrals@twilight-therapy.co.uk