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| **Complete and return to essentialspacecounselling@gmail.com** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **1. Child/Young Person’s Details** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Name | | | | | | | Date of Birth | | | | School | | | | |
| Full name:  Preferred name: | | | | | | |  | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| Gender & Pronoun | | | | Language | | | Interpreter Required | | | | | Disability/access requirements | | | |
|  | | | |  | | |  | | | | |  | | | |
|  | | | | | | | | | | | | | | | |
| Any current court or criminal justice system involvement? | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **2. Child/Young Person’s Current Address** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | |
| Postcode |  | | | | | | | | | Tel. No. | | |  | | |
|  | | | | | | | | | | | | | | | |
| **3. Family/Household (Parents/Carers/Siblings/Others)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Name | | DoB | | | Relationship to child | | |  | Language | | | | | Household Member | Parental Responsibility |
|  | |  | | |  | | |  | | | | |  |  |
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| **4. Awareness and Consent** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Parent/Carer consent for request signature | | | | | |  | | | | | | | | | |
| Confirm the young Person has given consent | | | | | |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5. Other Professionals involved with the child/family** | | | | | | | | |
|  | | | | | | | | |
| Name | | | Organisation | | Role | | | Contact Details |
|  | | |  | |  | | |  |
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| **6. Your involvement with the child/family (professional referrer only)** | | | | | | | | |
| Details |  | | | | | | | |
| Have you made any other referrals for this person/family? | |  | | | Status | | |  |
|  | | |  |
|  | | | | | | | | |
| **7. Reason for Request** | | | | | | | | |
| **To support the referral process, you must state the nature of the concern in as much detail as possible** | | | | | | | | |
| The YP/Children’s needs | | | |  | | | | |
| The Parents/Carers concerns | | | |  | | | | |
| Service support request | | | |  | | | | |
| Please state any particular circumstances that have led you to making this referral | | | |  | | | | |
|  | | | | | | | | |
| **8. Requestor Details** | | | | | | | | |
|  | | | | | | | | |
| Name of person completing referral | | | |  | | Role |  | |
| Email Address | | | |  | | Telephone |  | |
| Address | | | |  | | Date Submitted |  | |
| **Signature**  **Privacy Policy**  **Please take a minute to read through this statement of legal and ethical requirements of practice regarding data protection and transparency of information storage and usage.**  **Secure Storage**  **Your personal information is stored securely and confidentially, either electronically, using codes with password protection or in paper format which is stored in a locked cabinet, coded for protection. The data collected is used to enable effective communication during the therapeutic process, it is used in a safe and ethical manner and is in line with EU General Data Protection Regulations (GDPR) May 2019.   It may become necessary to share your data with a third party if I feel someone is at risk of significant harm. Unless the risk is imminent, this will be discussed with you before appropriate disclosure. I do have a legal obligation to break confidentiality in compliance with a court order, concerns over child protection and information or knowledge regarding fraud, drug trafficking or acts of terrorism.  Your contact details are held securely for up to 1 year after the therapeutic process has ended and session notes (if taken) will be held securely and confidentially for 7 years after the therapeutic service has ended, at which point they will be deleted or destroyed accordingly.**  **Right to Access  You have the right to ask for a copy of your personal information, also the right to ask me to amend or change any incorrect information about you.**  **Right to erasure**  **You have the right to ask me to erase any information that I hold about you. This includes your personal information that is no longer relevant to original purposes, or if you wish to withdraw consent. In all cases and when considering such requests, these rights are obligatory unless it is information that I have a legal obligation to retain.**    **Data Portability**  **The client has the right to receive personal information which I have provided, and also have the right to transfer that information to another party.**  **For the purposes of the General Data Protection Regulations (GDPR) May 2019, the data “controller” is Sarah Bolton-Locke. Info.essentialspace@gmail.com**    **Informed consent and agreement When consenting and completing a referral, both the requestor and the client are confirming you are happy with the way this personal information is being collected, stored and used.**  **Once completed send securely to** [essentialspacecounselling@gmail.com](mailto:essentialspacecounselling@gmail.com)  **Please use this title in the email subject line – YP REFERRAL**  **Thank you**  **Additional Information** | | | | | | | | |

**Support available.**

Young person Counselling, Adult Counselling, Identity Space (working specifically with gender and sexuality issues) Discounted Counselling (for members of our community who are struggling financially) and Creative Mentoring.

**Cost depends upon the individuals’ circumstances.**

* Young person to have counselling by a qualified counsellor is between £25.00 - £50.00 per session.
* Young person to have counselling by a trainee counsellor is £20.00 - £40.00 per session.
* Adult counselling by a qualified counsellor is £25.00 - 50.00 per session
* Adult counselling by a trainee counsellor ranges from £20.00 - £40.00 per session
* Creative mentoring ranges between £25.00 - £40.00 per session, these sessions are described as, mental health support using creative tools, for example, walking and talking, dance, drama, photography, art, crafting, gardening, the list is endless as this is bespoke to the person requiring the support. These sessions may be supported by either a qualified counsellor or a skilled support worker. In some cases mentoring agreements can be part or fully funded, this depends on the individuals/organisations circumstances.
* All sessions held for young people are typically 45 minutes long, depending upon their individual needs and age group. The therapist will always allow up to an hour to ensure that the young people’s needs are being met safely.
* All adult sessions are up to 1 hour long depending upon the person’s needs. The fee would increase for anything held over an hour.
* The sessions can take place in school/college or in one of our 9 therapy rooms. Our therapy rooms are at Essential Space CIC, Kingsley House, Church Lane Glos GL51 4TQ or 1 Knapp Road, Cheltenham town centre GL50 3QH.
* The fee quoted for 1-1 sessions includes travel costs or the room hire required for the therapist.
* Essential Space CIC hold 90 minute therapeutic groups for up to 6 young people age 8 upwards. These can be themed using a creative wellbeing aspect to them. Groups are typically £20.00 per person attending, if using craft materials, it is £23.00 per person.
* Essential Space CIC hold 90 minute adult professional support sessions, reflective group supervision and clinical supervision supporting the staff needs. These can have up to 4 in each group and are £35.00 per person attending. Groups must have at least 4 people attending to run.
* We do not have a restriction on the number of sessions provided, they can be short term or done on a longer-term basis depending upon the individuals’ circumstances. The person attending the support sessions and their therapist will work together until it is no longer needed.
* Essential Space therapists join our community using the safer recruitment scheme, even though they are self-employed, we ensure that they hold professional insurance, an enhanced DBS, two references and are registered with a professional body. These documents can be obtained from Essential Space CIC, or from the therapist themselves prior to starting the support.