



Lifeline Counselling Referral Form

This referral is being completed on behalf of the clients' details below. Please be aware that you will be contacted if there is more information is needed about the client you are referring.

1. REFERRING AGENCY DETAILS:

Name of referrer	
Position	
Organisation	
Telephone/Fax	
Email	

2. CLIENTS DETAILS AND INFORMATION:

First name		Forename						
Also Known As		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>			
Date of Birth		Telephone No						
Address								
Post Code		Email Address						
Best Time to Contact Client:	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>		
Best Method of Contact:	Phone call	<input type="checkbox"/>	Text Message	<input type="checkbox"/>	Email	<input type="checkbox"/>	Letter	<input type="checkbox"/>

Client's Ethnicity:

White		Mixed		Asian or Asian British		Black or Black British		Other Ethnic groups	
British	<input type="checkbox"/>	White/ Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other ethnic group (please specify below)	
European	<input type="checkbox"/>	White/Asian	<input type="checkbox"/>	Bangladesh	<input type="checkbox"/>	Any other Black background - please specify below <input type="checkbox"/>			
Any other white background - please specify below <input type="checkbox"/>		Any other mixed background please specify below <input type="checkbox"/>		Any other Asian background - please specify below <input type="checkbox"/>				Not stated <input type="checkbox"/>	
						Religion:			

3. REASON FOR REFERRAL

Please can you provide as much detail as possible based on the reasons for your referral? This will also be raised again as part of the assessment process. Can you give any indication of medical/physiological issues that we will need to be made aware of to help us assess risk, prior to assessment?

4. OTHER KEY/OTHER AGENCIES INVOLVED

Agency/Support Type	Please State	Agency/Support Type	Please state
Health Visitor/ Family Support Worker		Probation	
Mental Health Team		Police/HMP	
Adult Social Care/Social Worker		Local Charity	
Housing Team (Housing Officer)		Support Group	
College/Education Pastoral Team		Other	

5. CLIENT SUITABILITY

Lifeline Counselling is a project that has been developed by Life in Community CIC. Lifeline Counselling offers both free and billable sessions, based upon the circumstances. Clients will need to complete blocks of 6 50-minute counselling sessions, but may also wish to engage in other services we provide.

Please be reminded: Billable Counselling sessions are charged at a standard rate. All Counsellors abide by the rules and codes of ethics laid down by BACP (British Association of Counselling and Psychotherapy). All clients will be assessed prior to any counselling sessions being booked. **Before making a referral, can you please check your clients suitable based upon the following questions?**

The client is happy to be assessed prior to any counselling sessions taking place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The client understands that they need to be willing to engage and be ready to move towards change?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The client understands that they need to attend 6 sessions as part of their therapy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The client is aware that we the counsellor will discuss past trauma to address issues to support them to move forward?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. DATA PROTECTION – Handling personal information.

The personal information you provide will be used for the purposes of Life in Community CIC. The information provided may be shared with: Adult Social Care, NHS, GPs, Counselling Services and funding organisations.

For the purposes of the GDPR and Data Protection Act 2018, Life in Community CIC are the data controllers in respect of information processed which relates to this referral and a client's participation in the Lifeline Counselling Service. Information provided on this form will be entered and stored onto a secure database(s) used for the purposes of Life in Community CIC. A client's personal information will not be used for any other purpose than stated. Additional consent from will be obtained. Further information on how data is held, can be obtained by contacting Director of Life in Community CIC.

To evaluate our programme. We would like each client to complete an anonymous case study or questionnaire once the sessions are complete. If they do not wish to be contacted. Please indicate: Yes No

7. REFERRER SIGNATURE:

(Please print referrer's name if sent electronically)	
Client's signature (If client is present when the referral is made).	
<i>Please return to admin@lifeincommunity.org.uk</i>	