Counselling referral form

Ignite Life · Free 1:1 counselling for young people aged 5–25

Please complete every section that applies, so our panel has enough information to decide on the referral. You can type into this form and save it, then email it to hello@ignite-life.co.uk, or print it and hand it to the Ignite Life team. If you need help filling it in, call 0117 235 3192.

This form is not for emergencies.
If someone is in immediate danger, call 999. For urgent mental health support, call NHS 111 and choose option 2. For child protection concerns: South Gloucestershire 01454 866000 · Bristol 0117 903 6444 · Gloucestershire 01452 426565. Out of hours: 01454 615165 (Bristol and South Gloucestershire) · 01452 614194 (Gloucestershire).

1. Before you start

Is the young person receiving counselling or therapy anywhere else at the moment (for example CAMHS or school)?

☐ No ☐ Yes ☐ Not sure

If yes, please come back to us when that support ends. We do not run alongside other counselling.

Which centre is closest for you?

☐ Bristol (Kingswood) ☐ Gloucestershire

How would sessions work best?

☐ In person ☐ Online needed ☐ Either

2. Person making the referral

I am…

☐ The young person (self-referral) ☐ Parent or carer ☐ Professional

Your name

Role or relationship to the young person

Organisation (if professional)

Phone number

Email address

Self-referral: your age

Best way to contact you

☐ Phone ☐ Text ☐ Email

Parents and carers: do you have parental responsibility?

☐ Yes ☐ No ☐ Not sure

Professionals: name of your Designated Safeguarding Lead (DSL)

DSL contact details

3. Child or young person

First name

Surname

Date of birth (DD/MM/YYYY)

School year group (if at school)

Home address, including postcode

School, college or workplace

Does the young person know about this referral and agree to it?

- [ ] Yes, they want to come
- [ ] They know but are unsure
- [ ] They do not know yet
- [ ] Self-referral

4. Parent, carer or trusted adult (if not the person referring)

Name

Relationship to the young person

Phone number

Email address

Self-referrals under 16: does this adult know about the referral?

- [ ] Yes
- [ ] No
- [ ] Not sure

Who will arrange getting the young person to sessions? Give their name, relationship and phone number, or write "travels independently".

5. Reason for the referral

Why is counselling needed? What is going on at the moment?

What would you hope counselling helps with? What would feel different afterwards?

Anything else that would help us understand the situation? For example background, what has already been tried, and what the young person is like.

Has the young person had counselling before?

☐ No ☐ Yes, it ended well ☐ Yes, it did not suit them ☐ Not sure

If yes, please give details

6. Safety and health

Is there anything we need to know to keep everyone safe? Include any known or current safeguarding concerns, and any reason the young person should not be one-to-one with a counsellor. Write "none" if there is nothing.

Health conditions, medication or allergies we should know about

7. Availability

Sessions last 50 minutes and happen on the same day and time each week. Tick every time that could work.

☐ Monday afternoon ☐ Monday evening ☐ Tuesday afternoon ☐ Tuesday evening

☐ Wednesday afternoon ☐ Wednesday evening ☐ Thursday afternoon ☐ Thursday evening

☐ Friday afternoon ☐ Saturday afternoon ☐ Saturday evening

Other availability notes

8. About the young person (optional)

This helps us check we are reaching everyone. You can skip any of these questions.

Gender

Ethnicity

Religion or belief

Disability or additional needs

How did you hear about Ignite Life?

- [ ] School or college
- [ ] Social worker or professional
- [ ] Friend or family
- [ ] Website
- [ ] Social media
- [ ] Ignite food bank or other service
- [ ] Other

9. Consent and signature

We use this information to assess the referral, match a counsellor and arrange sessions. It is stored securely and only seen by those who need it. Funders only ever see anonymous totals. Our policies are at ignite-life.co.uk/policies.

- [ ] I understand how Ignite Life will use this information

Your name

Signature (type your name if completing on a device)

Date (DD/MM/YYYY)

Position (if professional)

Office use only

Date received

Referral ID

Entered by