

**Date of referral**

**Client ID Number:**

Office use only

**Primary School Request for Assistance**

*All completed Referrals should be returned to* [*ypreferral@dapl.net*](file:///C:\Users\DAPL%207\Downloads\ypreferral@dapl.net)

**Is this an appropriate referral for DAPL?**

To make sure that you are referring the child to the right service please consider and complete **one** of the three boxes below. If the child’s situation does not fit within the referring criteria we will not be able to accept the referral.

**PLEASE RETURN COMPLETED FORM TO enquiries@dapl.net**

**REFERRAL CRITERIA SCREENING**

<http://publications.fifedirect.org.uk/c64_OMM_Framework_online1.pdf>

**Our Minds Matter**

Is the young person presenting as emotionally distressed as outlined

within the additional or intensive stage outlined within Our Minds **Yes  No**

Matter framework?

**Substance Use**

* Is the young person effected by another’s alcohol and or drug use? **Yes  No**
* Is the young person identified as using alcohol and or drugs? **Yes  No**

**Before making this referral have you discussed it with:**

* The young person **Yes ☐ No ☐**
* The Parents/Carers **Yes ☐ No ☐**
* Education Psychologist?  **Yes ☐ No ☐**
* CAMHS Primary mental health worker? **Yes ☐ No ☐**
* School nurse? **Yes ☐ No ☐**
* Social Worker Yes ☐ No ☐

**PEF**

Does the young person fit the criteria set by your school to access

the PEF funded counselling service? **Yes  No**

**YOUNG PERSON’S DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** |  | | | |
| **DOB** |  | | | |
| **YEAR IN SCHOOL** |  | | | |
| **ADDRESS** |  | | | |
| **TOWN** |  | | | |
| **POSTCODE** |  | | | |
| **TELEPHONE** |  | | | |
| **MOBILE** |  | **OKAY TO TEXT?** | YES | NO |
| **EMAIL** |  | | | |
| **ALL APPOINTMENTS WILL BE OFFERED IN SCHOOL UNLESS THERE ARE MITIGATING CIRCUMSTANCES. IF APPROPRIATE AND RESOURCES ALLOW THE WORK MAY HAPPEN IN ONE OF THE DAPL OFFICES, IN A COMMUNITY SETTING OR VIA AN ONLINE PLATFORM** | | | | |
| **If requesting an appointment out with school premises please explain the reason why**  **-** | | | | |

**REFERRER’S DETAILS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF SCHOOL** | |  | | | | | | | |
| **NAME OF REFERRER** | |  | | | | | | | |
| **EMAIL** |  | | | | **TEL** | | |  | |
| **NAME OF CLASS TEACHER** | |  | | | | | | | |
| **EMAIL** |  | | | | **TEL** | | |  | |
| **NAME OF SOCIAL WORKER IF KNOWN** | | | | |  | | | | |
| **EMAIL** |  | | | | **TEL** | | |  | |
| **PARENTS/CARERS AWARE OF REFERRAL?** | | | YES | NO | | LAC | AT RISK REG | | CAMHS |

**PRESENTATION SUMMARY**

Where applicable summarise presenting issues below;

|  |  |  |
| --- | --- | --- |
| PRESENTNG ISSUE | √ | TYPE, AMOUNT, RELATIONSHIP OR ISSUE |
| **DRUGS** | Yes |  |
| **ALCOHOL** | Yes |  |
| **DRUGS & ALCOHOL** | Yes |  |
| **AFFECTED BY ANOTHER’S USE**  **PLEASE SPECIFY**  **PARENT/SIBLING FAMILY MEMBER/PEERS ETC AND SUBSTANCE** | Yes |  |
| **EXPERIENCING MID - HIGH LEVELS OF STRESS, ANXIETY OR EMOTIONAL DISTRESS** | Yes |  |

**IDENTIFIED AREAS FOR CHANGE**

|  |
| --- |
| **Please note key areas of behaviour and or presentation identified for change.** |
|  |

**ADDITIONAL NOTES:**

|  |
| --- |
| **Please note communication needs, access issues or risk factors etc.** |
|  |

**Office use only**

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| --- |
| Referral screened by: Date: |

Once this referral form has been received by DAPL we will notify you of its receipt, we will let you know as soon as possible if we are declining the referral.

If the referral is suitable for our service and meets the appropriate criteria outlined above, we will email or post:

* Service Information & Guidance Information
* The referral information form
* Cover letter and parental consent instructions

Once we receive this information back from the parents/carers the child will be allocated to a counsellor/art therapist.