

Time for You Referral Form
Relate Sandwell CYP Covid Recovery Project

All Sections of This Form Must Be completed

Date of Referral		Ref No (for office use only)			
Personal Details					
First Name(s)		Last name			
Address					
		Postcode			
Date of Birth		Age			
Gender		Ethnicity			
Telephone No.					
Email					
Will translation/communication support be required?	Yes		No		
Language Spoken					
Name of Responsible Adult					
Address of Responsible Adult					
Telephone Number of Responsible Adult					
Is the Responsible Adult aware of the referral	Yes	No			
Emergency Contact Name and Telephone Number (If different to the above information)					
Details of any disabilities/allergies/needs					
Details of any other agencies or services involved with the young person					

Referral Information

Reason for referral (please tick)

- Feelings of anxiety
- Low mood
- Low confidence or self esteem
- Impact of family breakdown
- Loss and Bereavement
- Family conflict
- Relationship issues
- Friendship issues/peer pressure
- Pressures surrounding social media
- Other- please specify

Please provide any additional relevant information about the client's needs and the reason for referral

Referrer Details & Consent

Organisation (If Applicable)			
Referrer's Name			
Address			Postcode
Contact Number			
Email			

I have informed the Child/Young person about this service, and they have consented to be referred
 I have permission to pass on contact details and personal data to Relate Birmingham
 I can confirm a parent or guardian have consented to the referral if applicable. (Please tick)

Please send completed referral forms to: timeforyou@relatebirmingham.co.uk