



Bourne Family Project

Play Therapy | Adult Counselling | Family Support

REFERRAL FORM

Play Therapy **Adult Counselling** **Couples Counselling**
(Please tick service required)

Date of referral		Address	
Referred by		Contact number	
Postcode		Email address	

Client Details

Name			
Address (inc Postcode)			
Telephone Number (Home)		Mobile No	
Email address		Date of Birth	
Family Members	Relationship	Date of Birth	

ADULT COUNSELLING SESSIONS (If applicable) N.B Couples Counselling is Tuesday Evenings Only

Please state your availability for counselling sessions – tick all that apply

Is a daytime (Wednesday am only) crèche place required?

Yes/No

Tuesday evening (no crèche) Yes/No

Friday am (no crèche) Yes/No

PLAY THERAPY (If applicable)

Please indicate your child's availability for sessions : Mondays: During school hours

Tuesdays: During school hours

Tuesdays: After school hours

Wednesdays: During school hours

Thursdays: During school hours

REASON FOR REFERRAL

Please indicate which methods we may use to contact you regarding appointments

Home Telephone: **Yes/ No** Mobile Telephone: **Yes/ No** Letter: **Yes/ No** Email: **Yes/ No**

Which of these is your preferred method of communication

In which Council Area do you live? Bristol / South Gloucestershire / Other _____

What is your ethnicity? (optional) _____

How did you hear about us? _____

(This information helps us with monitoring and funding applications)

I _____ (Print Name)

- 1. Agree to this referral being made to The Bourne Family Project and I have seen its contents.**
- 2. Agree to The Bourne Family Project holding personal information about me on file in accordance with the data protection act.**
- 3. Give my permission for members of staff from The Bourne Family Project to contact the agencies that I have indicated above on my behalf.**

_____ **(Signature)** _____ **(Date)**

Thank you for taking the time to complete this form. Please forward it to:

Counselling Administration – info@bournefamilyproject.org

Bourne Chapel, Waters Road, Kingswood, Bristol BS15 8BE
Tel: 0117 947 8441 Fax: 0117 947 8316 e-mail: info@bournefamilyproject.org
The Bourne Family Project is part of Bourne Christian Centre –
Registered Charity No: 1161520