**Somerset Phoenix Project**

**Request for Parent or Carer Therapeutic Support form**

**Please use this form if you are a parent or carer requesting support for yourself.***If you need help to complete this form, please contact us on 07590 627693.*

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| **Is this the first time you have self-referred to the Somerset Phoenix Project?** |  |

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| **Today’s date:** |  |

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| **Information About You** | | | | | | | | | | | | |
| **First name:** |  | | | | **Last name:** | | | |  | | | |
| **Age:** |  | | | | **Date of birth:** | | | |  | | | |
| **Gender identity:** |  | | | | **Sex assigned at birth:** | | | |  | | | |
| **Sexual orientation:** |  | | | | **Marital status:** | | | |  | | | |
| **Religion/belief:** |  | | | | | | | | | | | |
| **Ethnicity:** |  | | | | | | | | | | | |
| **Disabilities/allergies/**  **special educational needs:**  *(including physical,*  *learning, sensory,*  *communication or other needs)* |  | | | | | | | | | | | |
| **Address:**  *Must live in the Somerset Council area.* |  | | | | | | | | | | | |
| **Phone numbers:** |  | | | | | | | | | | | |
| **Email:** |  | | | | | | | | | | | |
| **Can we:**  ***(mark with an ‘x’)*** | **Call** |  | **Email** |  | | **Text** |  | **Leave a voicemail** | |  | **Post to your address** |  |

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| **Background** | |
| **What is your child/young person’s name and age?** |  |
| **Do you know whether your child/young person is receiving/has previously received support from Somerset Phoenix Project?** |  |
| **Is your child safe (i.e. no longer experiencing sexual abuse)?** |  |
| **When did the abuse stop?** |  |
| **When did your child tell someone about the abuse?** |  |
| **Is your child/young person involved with CAMHS (Child and Adolescent Mental Health Service)?**  *Please state whether past, current or if a referral to CAMHS has been submitted* |  |
| **What relationship did the perpetrator of the abuse have to your child/young person?** |  |
| **What is the current location of the perpetrator? (if known)** |  |
| **Is there a current court case or police investigation?** |  |
| **Name of the officer in charge (name, email, phone number) We won’t contact them until we have spoken to you and got your permission. However, providing this information at this stage will speed up your referral** |  |
| **Name of social worker if you have one:** |  |
| **Contact details of social worker:** |  |

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| **Your Circumstances** | |
| **What has been going on for you?** |  |
| **How has it affected you?** |  |
| **What is going well for you at the moment?** |  |
| **What would you like to be different?** |  |
| **What support have you received?** |  |

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| **Your Health** | |
| **Do you self-injure or self-harm?** |  |
| **Do you have suicidal thoughts?** |  |
| **Have you attempted suicide?** |  |
| **Have you had any thoughts of suicide in the past 6 weeks that you have wanted to act upon?** |  |
| **We need to make sure everybody is safe at the Phoenix Project. Please tell us if there is anything you think we need to know about you which might put others at risk.** |  |
| **Do you have a mental health diagnosis?** |  |
| **Do you take mental health medication?** |  |
| **Please can you give your GP details?** |  |
| **Are you getting any support from any other professionals or services?**  *E.g. social worker, psychiatrist, psychologist, CPN, Talking Therapies, counselling/psychotherapy, GP, support worker* |  |
| **Please let us know of any particular needs we need to be aware of when we contact you or offer you an appointment** |  |

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| **What type of parent or carer therapeutic support are you interested in?** | | | |
| Counselling (up to 16 weekly sessions) |  | Ad Hoc Support (max 4 spaced out sessions) |  |

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| **Returning the form & what happens next** |
| **Returning the Form:**  Please ensure all boxes are complete.  It is best if you can email this form using an encrypted email so that your information is sent securely.  If you need access to encryption, please phone us on 07590 627693 or email us and we can help you with this.  **Please return the form to:**  [**somersetphoenixproject@barnardos.org.uk**](mailto:somersetphoenixproject@barnardos.org.uk)  **What happens next?**  Once we have received your request for support form, our adult service coordinator will send you a welcome and wellbeing email, usually within 1-2 weeks. They will make an appointment with you to talk further about the support you would like and gather some more details. If you have a police investigation ongoing or are waiting for a court date, we will need your officer-in-charge’s details as we need to get their consent for therapeutic intervention to happen. We will then look to get your support started as soon as we can. |