**SPARC’s Counselling/Therapy Referral Form**

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| **PERSONAL DETAILS** |
| **Today’s Date:** |   |
| **Full name:****Inc. title** |  |
| **Date of birth:** |  |
| **Gender:****Pronouns:** |  |
| **Full address:** |  |
| **Telephone number/s:** |  |
| **Can we leave a message? (Circle)** |  **YES NO** |
| **Email address:** |  |
| **Preferred contact:** | Telephone / Text / Letter / Face to FaceOther – please state:  |
| **Mode of contact during therapy:**  | Zoom / Face to Face / TelephoneOther – please state:  |
| **Referred by: (organisation or Self)**  |  |
| **Referral completed by:**  |  |

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| **In the last month, have you attempted suicide?** | **YES** |  | **NO** |  |
| If yes, we would not be able to see you at this time. Should you need support please contact your GP, the Access Team: 0161 419 4678, the Samaritans: 116 123.  |

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| **Do you require information to be presented in a certain way? e.g., large print, coloured paper etc.** | **YES / NO (if yes, please specify)** |
| **Do you need Disabled Access?** | **YES / NO** |
| **May we mention SPARC if we contact you?** | **YES / NO** |

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| **Emergency contacts – Professional: e.g., worker/GP** | **Personal Contact** |
| **Name:** |  |  |
| **Role:** |  |  |
| **Organisation:** |  |  |
| **Telephone Number/s:** |  |  |
| **Email Address:** |  |  |

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| **NB: Please complete CORE 10 evaluation form; (attached) failure to do will delay your referral!** |

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| **Type of Therapy – please delete as appropriate!** |

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| **One to One Therapy** | **YES**  | **NO**  |
| **Workshops**  | **YES**  | **NO** |

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| **SPARC is committed to provide an environment for trainees to practice. All trainees are monitored and supervised by SPARC and externally for quality and assurance.** **Would you be willing to see a trainee Counsellor?**  |

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| **YES** | **NO** |

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| **Assessment of your therapy needs. e.g., cause of distress, issues, trauma etc.**  |
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| **Any specific information with regards to accessing service? e.g., gender of Therapist, risk disclosure, deafness etc. type of therapy e.g., CBT** |
| (Risk could include: Personal safety, Safety of others, Environmental & Vulnerability) |

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| **Are you receiving a therapy/counselling service from somewhere else? YES / NO****If yes, where?** |

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| **Ethnicity** |
| White | British ❑ Irish ❑Other (please state) ❑  |
| Asian/Asian British | Indian ❑ Pakistani ❑Bangladeshi ❑Other (please state) ❑  |
| Black/Black British | Caribbean ❑ African ❑Other (please state) ❑  |
| Other ethnic group | Chinese ❑ Japanese ❑Vietnamese ❑ Filipino ❑Other (please state) ❑  |
| Mixed | White/Black Caribbean ❑ White/Asian ❑White/Black African❑Other (please state) ❑  |

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| **Return to**: David Richards, SPARC, Progress House, 35A Adswood Lane East, Stockport, SK2 6RE. Email: david@sparc4me.org.uk Tel: 0161 476 6429. **(NB: to be marked – private and confidential)**  |

**Updated: 25/05/23**