** 

**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 Face  Other – please state: |
| **Mode of contact during therapy:** | Zoom / Face to Face / Telephone  Other – please state: |
| **Referred by: (organisation)** |  |
| **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 716 4614. The Samaritans: 116 123. Or text SHOUT on 85258 | | | | |

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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 Contact** | **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 so will delay your referral!** |

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| **Type of Therapy – please delete as appropriate!** | | |
| **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, type of therapy e.g., CBT** |
| (risk could include: personal safety, safety of others, environmental & vulnerability) |

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| **Are you receiving 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](mailto:david@sparc4me.org.uk) Tel: 0161 429 9744. **(NB: to be marked – private and confidential)** |

**Updated: 28/04/25**