

Time 4 Me Counselling Service

Parent/Carer Support Request Form

CONFIDENTIAL

Information about You and Your Child	
Child's name	
Child's date of birth	
Address	
Postcode	
School	
Class	
Your name	
Your relationship to the child	
Telephone	
Email	

The Reasons You Want Support for Your Child			
<i>Please ✓ if your child is coping with any of the following:</i>			
Family separation/divorce		Difficulties about being a 'new-comer' family	
Family communication difficulties		School worries & problems	
Family conflict/domestic violence		General worries	
Bereavement		Moving/settling in to a new school/class	
Family member with serious illness		Low self-esteem/confidence	
New brother/sister		Difficulties expressing/controlling emotions	
Friendship problems		Trauma or abuse	
Bullying		Parent/family member in prison	
Other		Other	

What else would it be important for us to know about why you want support for your daughter/son at this time?

PLEASE TURN OVER NOW →

How do you hope your daughter/son will benefit from support?

Please read the *Time 4 Me* leaflet with your child. Ask them what they think about coming for support. Use the box below to note down your child's thoughts and questions.

Essential Medical Information

Does your child have any allergies?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>If 'Yes' please tell us about them:</i>
Does your child have a medical condition?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>If 'Yes' please tell us about it:</i>
Is your child currently on medication?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>If 'Yes' please tell us about it:</i>

Signed (Parent/Carer)		Date	
Signed (Parent /Carer)		Date	

Thank you for taking the time to complete this form. You will be contacted shortly about when it might be possible to arrange a time to talk to the counsellor.

Barnardo's Staff Only

Date referral received		Re-referral	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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