



The Children's Trust Community Service Referral Form

Child's name		Date of birth	
Address		NHS number	
		Gender	
		Ethnicity & Nationality	
		Parent/Carer's name & Relationship	Parental Responsibility? Y/N
Child's first language Parent's first language	Interpreter required? Y/N	Phone number	
		Email address (referral will be returned if not provided)	
Details of head or brain injury/illness (dates, age etc)			
Past History (medical or developmental)			
GP Details:	School Details:		
Professionals involved with the child (Past & Present for injury)			
Please identify participation concerns/rehabilitation needs following their ABI			
Name of referrer Job title & place of work			
How did you hear about our service?		Consent given Y/N? Referral & to be contacted	
Contact details Email & phone number		Date of referral	

Please attach any relevant reports, assessments, or hospital discharge summary to this referral

Data Protection

The Children's Trust takes data privacy seriously and is committed to keeping personal information safe. For full details, please see our privacy policy <https://www.thechildrenstrust.org.uk/privacypolicy>

The Children's Trust is inspected and rated 'Outstanding' by CareQuality Commission and rated an 'Outstanding Provider' by Ofsted Care (for residential houses). Registered charity number: 288018. A company limited by guarantee; registered in England and Wales with registered number 1757875.

