|  |  |
| --- | --- |
|  | SCDA Youth |

# Youth Counselling

## Referral Guidelines

1. To refer a potential young person, please complete this form and return it to [youth@sussexcommunity.org.uk](mailto:youth@sussexcommunity.org.uk) or Shannon Payne, Denton Island Community Centre, Denton Island, Newhaven, BN9 9BA.
2. All referrals are confidential, please state who we should contact to arrange appointments.
3. There is a high demand for our counselling service; we will endeavor to respond to your referral as soon as we can.

## Referrer’s Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referrers Name: | |  |  | Date of referral: |  |
| E-Mail Address: |  | |  | Phone No: |  |

## Referral Information

|  |  |  |
| --- | --- | --- |
| Young Person’s Name: | |  |
| Date of Birth: | |  |
| Phone No: |  | |
| Address: |  | |
| Who should we contact? |  | |

|  |
| --- |
| How would this young person benefit from counselling? |
|  |

## For Administration Only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Received: |  |  | Contacted: |  |
| Start Date: |  |  | Complete Date: |  |