The Windfall Centre

Gwalia Annex

Ithon Road

Llandrindod Wells

Powys

LD1 6AS

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Charity no. 1167777

Supporting the emotional health of children and families.



**THERAPY REFERRAL FORM**

Name of Child:

Date of birth: Gender: Male/Female/Other

Name of Parent/Carer:

Child’s home address:

Telephone:

Email:

Disability/

special needs:

GP:

Surgery Address:

Child’s School:

Telephone:

**Please continue overleaf ……**

 ***THERAPY REFERRAL FORM continued***

Please indicate who has Parental Responsibility for child:

Name: Relationship to child:

Name: Relationship to child:

Name: Relationship to child:

Child’s Legal Status:

Other significant family members:

Other significant professionals involved with child (please give contact details):

 **Please continue overleaf ……**

 ***THERAPY REFERRAL FORM continued***

Please give reasons for referral:

Signature:

**Please see overleaf …**

 ***THERAPY REFERRAL FORM continued***

Name of person making referral:

Date:

Referring Organisation:

Address:

Telephone:

Mobile:

Email address:

**Access Statement:** Please contact us in advance to discuss any particular access requirements if needed and we will try to find solutions or alternate venue.

**Safeguarding Children and Young People:** TheWindfall Centre works to ensure the right of any child or young person using our premises to be safe. We are happy to discuss with you any issues that may need to be taken into account to guarantee children’s safety.

If any member of The Windfall Centre becomes concerned about the safety or welfare of a child using the Centre, they have a responsibility to report those concerns in line with our Child Protection Policy and Procedures (a copy can be made available on request).

**We look forward to welcoming you and your client/s to The Windfall Centre.**