



Child Brain Injury Trust Child and Family Support

Referral form for professionals

Guidance for professionals

The Child Brain Injury Trust is a national charity supporting children, families and professionals affected by CHILDHOOD ACQUIRED BRAIN INJURY. For the purposes of our work, the Child Brain Injury Trust defines acquired brain injury as an injury to the brain that has happened AFTER birth. The Child Brain Injury Trust is a plain speaking organisation providing localised support, training and information to children, families and professionals affected by childhood acquired brain injury.

The Child Brain Injury Trust provides localised support to families in the South West, most of the South East counties, East of England, East and West Midlands, Wales, Yorkshire and the Humber, North West and North East of England, Glasgow, Edinburgh, Aberdeen and Northern Ireland. Child Brain Injury Trust staff have a wealth of expertise on childhood acquired brain injury and our support is ongoing. The Child Brain Injury Trust enjoys being able to work in partnership with professionals in order to achieve the very best outcomes and opportunities for children and families.



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IDEALLY, THIS FORM SHOULD BE TYPED; OTHERWISE PLEASE WRITE CLEARLY. Thank You.

REFERRER'S DETAILS:

Name: _____

Professional role: _____

Service or organisation: _____

Address: _____

Telephone: _____ **Email:** _____

Has the family consented to involvement with the Child Brain Injury Trust? YES/ NO

If **yes**, please complete the details on the following pages. The family's personal information will be treated in the strictest confidence but may be shown to the family if requested.

If **no**, the Child Brain Injury Trust can provide you with additional information to pass onto the family. Please complete page 2 **ONLY**, and we will contact you to discuss the sort of information which may be useful for you to pass on.

Other agencies/ organisations involved (please detail)		
Name	Agency/ Organisation	Telephone



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FAMILY DETAILS

Family Surname: _____

Preferred point of contact within the family: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Email Address: _____

Full name of mother/partner/guardian _____ Title _____ Main carer YES/NO

Full name of father/partner /guardian _____ Main carer YES/NO

Full name of child who has sustained an acquired brain injury: _____

Child's date of birth: _____ Gender: _____

When did the brain injury occur? _____

How did the brain injury occur? _____

Name of sibling/s (if known)	Gender	Date of birth

Please identify the main issues for the family:



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Financial

Educational

Health

Accessing services

Within the community

Other issues

Unsure



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Given that Child Brain Injury Trust staff will regularly work alone with a child and family, are there any health and/or safety issues that Child Brain Injury Trust staff may need to be aware of?

ADDITIONAL INFORMATION

Please use this space to provide any additional information that may assist the Child Brain Injury Trust Child and Family Support Co-ordinators in supporting the family

Would YOU like to receive regular information from the Child Brain Injury Trust, such as notification events for families or workshops for yourself? YES/ NO

Your details will NOT be passed on to any third party

Please return your completed form to the Child Brain Injury Trust at the address below:

Child Brain Injury Trust
Unit 1, The Great Barn,
Baynards Green Farm, Baynards Green
Near Bicester, Oxon
OX27 7SG

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