

# 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.



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

lame:		
ddress:		
elephone:	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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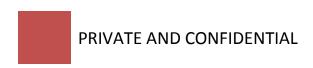
### **FAMILY DETAILS**

Family Surname:				
Preferred point of contact within the family:				
Address:				
	Postcode:			
Telephone:	Mobile:			
Email Address:				
Full name of mother/partner/guardian				
Full name of father/partner /guardian			Main care	er YES/NO
Full name of child who has sustained an acquired	brain injury:			
Child's date of birth:	Gender:			<u>-</u>
When did the brain injury occur?				
How did the brain injury occur?				
Name of sibling/s (if known)		Gende	er	Date of birth

Please identify the main issues for the family:



Financial
Educational
Health
Accessing services
Within the community
Other issues
Unsure



Unit 1, Great Barn,

Near Bicester, Oxon

**OX27 7SG** 

**Baynards Green Farm, Baynards Green** 

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 event 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		



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