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**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 happens 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 across the UK.**

**Child Brain Injury Trust staff have a wealth of expertise on childhood acquired brain injury and can support families through the transition into adult services, up to their 25th birthday. 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 IN BLACK PEN. Thank You.**

**REFERRER’S DETAILS:**

**Full name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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.

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| **Other agencies / organisations involved (please detail)** |
| **Contact name** | **Agency/ Organisation** | **Telephone** |
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**FAMILY DETAILS**

**Full name of child with ABI:**

**Child’s date of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date brain injury occur?**

**How did the brain injury occur?**

**Main point of contact within family:**

**Guardian 1 name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title**\_\_\_\_\_\_\_ **Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Main carer YES/NO**

**Guardian 2 name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title**\_\_\_\_\_\_ **Role:** \_\_\_\_\_\_\_\_\_\_\_\_ **Main carer YES/NO**

**Address:**

**Postcode:**

**Telephone:**

**Mobile** :

**Email Address**:

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| Name of sibling/s (if known) | Gender | Date of birth |
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**Please identify the main issues for the family:**

* **Financial**

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* **Educational**

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* **Health**

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* **Accessing services**

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* **Within the community**

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* **Other issues**

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* **Unsure**

**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?**

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**ADDITIONAL INFORMATION
*Please use this space to provide any additional information that may assist
the Child Brain Injury Trust Child and Family Support Coordinators 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 & Family Support Team**

**Child Brain Injury Trust**

**3 Field View,**

**Baynards Green Trading Estate,**

**Baynards Green,**

**Nr. Bicester,**

**Oxfordshire,**

**OX27 7SR**

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