

Child Brain Injury Trust Child and Family Support

FAMILY REFERRAL FORM

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 and after a period of normal development. The Child Brain Injury Trust is a plain-speaking organisation providing non-clinical and non-medical advice, information and support to children, families and professionals affected by childhood acquired brain injury with a confirmed diagnosis of acquired brain injury.

Our Child Brain Injury Trust team have a wealth of expertise on childhood acquired brain injury and our support is ongoing. We accept referrals up to a child's 18th birthday and will support a young person 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.

PERSON MAKING THE REFERRAL:

Name:	
Relationship to child with ABI:	
Address:	
Telephone:	
Email:	

Has the family consented to involvement with the Child Brain Injury Trust and for the information in this referral form to be shared? YES/ NO	
Has the family consented to involvement with the Child Brain Injury Trust and for the information in this referral form to be shared? YES/ NO	
Has a confirmed diagnosis of Acquired Brain Injury been made by a medical professional? YES / NO	

Personal information will be treated in the strictest confidence but may be shown to the family if requested.

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

FAMILY DETAILS

Name of main point of contact within the family:			
Relationship to child:		Main language:	
Family address:			
Telephone:		Mobile:	
Email Address:			

Name of the child who has sustained the acquired brain injury:			
Child's date of birth:		Identified Ethnicity:	
Name of mother/partner/guardian		Main carer YES/NO	
Name of father/partner /guardian		Main carer YES/NO	
When and how did the brain injury occur?			

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

Please identify areas where you feel support may be helpful:

Financial

Educational

Health

Accessing services

Within the community

Other support

<p>Given that the Child Brain Injury Trust team regularly work alone with a family, are there any health and/or safety issues that Child Brain Injury Trust team may need to be aware of? YES / NO</p>	
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ADDITIONAL INFORMATION

Please use this space to provide any additional information that may assist the Child Brain Injury Trust ABI Coordinators in supporting you or the family

Would YOU like to receive regular information from the Child Brain Injury Trust, such as notification events for events for yourself? YES/ NO	
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Your details will NOT be passed on to any third party

Please return your completed form to the Child Brain Injury Trust either to info@cbituk.org or post to the address below:

Brain Injury Team
Child Brain Injury Trust
3 Field View
Baynards green Farm Trading Estate
Nr Bicester
Oxfordshire
OX27 7SR

