

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.

Date Referral Form Completed:	
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REFERRER DETAILS:

Full name:	
Job title:	
Name of Organisation:	
Department:	
Address:	
Telephone:	
Email:	

Has the family consented to involvement with the Child Brain Injury Trust? YES/ NO	
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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)		
Contact name	Agency/ Organisation	Telephone

FAMILY DETAILS

Full name of child with ABI:			
Child's date of birth:		Gender:	
Date brain injury occurred?			
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:							

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



Please identify the main issues for the family:

Financial

Educational

Health

Accessing services

Within the community

Other support

Unsure

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?	
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YES / NO

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 either to info@cbituk.org or post to the address below:

**Brain Injury Team
Child Brain Injury Trust
3 Field View,
Baynards Green Trading Estate,
Baynards Green,
Nr. Bicester,
Oxfordshire,
OX27 7SR**

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