**A picture containing logo

Description automatically generatedReferral form for Elysian 2024/2025**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Child/Young Person | | |  | | | | DOB and Age | | |  | |
| **Which Service are you referring for (Choose from list and specify in box below)**   * **Education Provision** (ages 11 – 16 yrs old) * **EOTAS Provision** (ages 10 –17 yrs old) (Please specify number of days per week) * **TWE Sessions** (ages 8 - 17 yrs old) (2hr sessions - Please specify number of sessions per week) * **Therapy** (50min sessions) * **Therapeutic Animal Assisted Learning Sessions** (50min sessions) * **Elysian Outreach Provision** * **‘Other’ (please specify)** | | | | | | | | | | | |
| Service: | | | | | | | | | | | |
| Where applicable - Which site are you referring to/preferred site? | | Liss (Hampshire) | | |  | Shamley Green (Guildford, Surrey) | |  | West Horsley (nr Leatherhead, Surrey) | |  |
| **Name and Contact details of referrer**  Please include title, address/work base, number and email | | | | |  | | | | | | |
| **Name and Contact details of parents/carers.**  Please include full names, address(es)/home and mobile number(s) and email(s) | | | | |  | | | | | | |
| **Name of School/Education setting the young person is currently on roll at.** | | | | |  | | | | | | |
| **GP Details**  Please include name, practice and contact details | | | | |  | | | | | | |
| **About the Child or Young Person:**  Please outline reason for the referral. We would like to know about the background, the positives, their likes and their challenges, along with what support they are currently accessing: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Please outline 3 desired outcomes for this referral/intervention/individual**  **These are really important to us, as they set the scene for the referral and how we can meet their needs.** | | | | 1)  2)  3) | | | | | | | |
| **Please outline the current risks or triggers**  (For example, mental health triggers, physical aggression towards others when unable to communicate, climbing up trees, buildings and fences) |  | | | | | | | | | | |
| **Please outline any medical needs** |  | | | | | | | | | | |
| **Who is the current team around this child or young person, what other professionals are they working with (if any)?**  **Include name, role and contact details** |  | | | | | | | | | | |
| **Is there anything else we should know?**  (For example, if on roll at a school and current attendance details) |  | | | | | | | | | | |
| Please send to [refer@elysianuk.org](mailto:refer@elysianuk.org)  We aim to reply to your referral within 10 working days. However we do receive a high volume of referrals and if you have not heard back from us within this time, please do contact us to enquire further.  Please attach relevant assessments and plans such as EHCPs, Review notes and/or any other relevant assessments including risk assessments (where applicable) | | | | | | | | | | | |