



Date of enquiry:

Name of child/young person (YP) or yourself if a self-referral:

Child/YP/Your date of birth:

Name of person making enquiry:

Relationship to child/YP (if not parent then please highlight who has parental responsibility & whether they are aware of the enquiry)/Not applicable for self-referral:

Contact details (telephone/email/postal address):

Child/YP'S school and class (if appropriate):

Reasons for contacting Shining Pearls:

What kind of support/outcomes are you hoping for?

Any additional needs or circumstances – such as SEND, safeguarding issues, involvement/support of other agencies, previous counselling/therapy

Anything else you think would be useful for me to know?

Where did you hear about Shining Pearls?

Please note: any information included on this form is to enable us to consider how best we may help you and your child/young person, and where necessary a recommendation to alternative and/or additional services will be provided. By filling in and returning this form you are giving us consent to collect this information for preliminary assessment purposes. A full data protection privacy notice will be given to you for consent and signing at the initial consultation. Should you decide not to proceed with counselling, this form will be immediately deleted from all records and none of your information will be retained whatsoever.