

**REFFERAL TO COGNUS TRAUMA & ATTACHMENT SERVICE**

***Please send by secure email to:*** [***sasha-gay.brown@cognus.org.uk***](mailto:sasha-gay.brown@cognus.org.uk)

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| --- | --- |
| School Name: | Trauma & Attachment Champion: |
| Telephone No: | Telephone No: |
| Email Address: | Email Address |

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| --- | --- | --- | --- |
| Name of Pupil: | | LAC (Looked After child) Yes/No  PLA (previously looked after) Yes/No  CIN (Child in Need) Yes/No  CP (Child Protection Plan Yes/No  Other Family Intervention Yes/No  PP (Pupil Premium) Yes/No | |
| Date of Birth: | |
| Pupil Address | |
| Contact Number for Pupil: | |
| Ethnicity: | Home Language: | | Disability: Yes/No |

**PUPIL INFORMATION**

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| Briefly describe the current challenge: |

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| Briefly describe a history of the problem |

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| Please describe the steps taken by the school to support this pupil and the impact so far *(Include strategies recommend from trauma training, length of implemented strategies and the impact the strategies had on the current problem)* |

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| *Has the child received any exclusions? (Please list any)* |

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| What are you hoping the outcomes from the requested support to be? |

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| Our Trauma & Attachment Support currently include FREE **Video Interaction Guidance Therapy**, would you like to receive this support?  Yes □ No □ |

**OTHER PROFESSIONALS INVOLVED WITH CHILD**

(previous & current)

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| Name & Profession | Type of Support/Intervention | Address |
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| Are parents/carer aware of this referral? Yes/No |
| Comment from the parent/carer: |

**Parent/Guardian**

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| --- | --- |
| Parent Signature: | Date: |

**REFEREE DETAILS**

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| Printed Name: | Signature: | Date: |

N.B. Our service is currently only accepting referrals for pupils from mainstream schools until further notice