



Wexford Rape Crisis Centre's Adolescent Counselling (TUSLA) Referral Form:

Wexford Rape Crisis Centre provides a counselling service for young people who have been affected by any type of domestic, sexual or gender-based violence.

This form should be completed by the relevant referrer (with the expressed consent of the young person's legal guardian/s). Please fully complete the form (and attached consent form) and return both by post/email to:

Alison Barry, Clinical Team Leader, Wexford Rape Crisis Centre, The Rocks, Maudlintown, Wexford Y35 NF8A or alternatively support@wexfordrapecrisis.com.

Date of Referral: __ / __ / ____

REFERRER DETAILS:

Name of Referrer & Role:	Referrer's Contact Mobile Number:
Referrer's Email Address:	
Referrer's Work Address:	

SOCIAL WORKER DETAILS:

Name of Social Worker:	Social Worker Contact Mobile Number(s):
Social Worker's Email Address:	
Social Worker's Work Address:	
Please give details of Tusla's current & previous involvement with this young person:	

YOUNG PERSON'S INFORMATION:

Name of Young Person:		DOB:
Gender Identity:		1 st Language: Level of Proficiency in English:
Current Living Situation: Both Parents <input type="checkbox"/> Single Parent <input type="checkbox"/> Step <input type="checkbox"/> Foster Carer <input type="checkbox"/> Residential Setting <input type="checkbox"/> Any relevant information in relation to living situation:		
Details of siblings (please indicate which siblings are living with the young person and any other relevant information).		
Address of Young Person:		
Are both parents the legal guardians of this young person? Please comment: Are all legal guardians/parents aware of this referral <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please comment:		
Parents Contact Details:		
	Parent 1	Parent 2
Name:		
Contact Tel:		
Address:		

Other Significant Carer/Support Persons (i.e. Social Care Worker, Foster Parent, Key Worker, Residential Case Manager etc..)			
	Name	Role/Relationship	Contact Details
1			
2			
3			
4			
5			

If living in care, please indicate:

- Overall length of time in care:
- The length of time in current placement:
- Information regarding stability of current placement:

Name of GP:	GP Telephone:
GP's Address:	
School & Year:	

BACKGROUND TO THE REFERRAL:

Please indicate reason for referral (more than one box can be ticked):

Domestic Abuse
 Sexual Abuse
 Gender-Based Violence
 Other (Please specify):

Most recent experience of abuse:
Please indicate the relationship of the abuser to the survivor:

Age of the perpetrator at the time of the abuse:

Location of the abuse:

Young Person's age at the time:

Other experience(s) of abuse:
Please indicate the relationship of the abuser to the survivor:

Age of the perpetrator at the time of the abuse:

Location of the abuse: Young Person's age at the time:

Criminal Justice:

Has the abuse been reported to Garda Yes No Please comment:

Has a statement been made Yes No Please comment:

Is there a case under investigation Yes No Please comment:

Any other relevant information regarding contact with Gardai:

Is the young person agreeable to this referral? Yes No

If no, please comment:

Please give details of TUSLA's current & previous involvement with this young person:

Any other relevant information? Please feel free to add any additional information you feel would be beneficial.

HEALTH & BACKGROUND INFORMATION

Does the young person have any significant physical / medical conditions? Please give details:

Does your child have any significant learning difficulties/ psychological issues? Has there been any diagnosis?

Is the young person currently taking any medication?

Please indicate (and include details) if your child has had past or current involvement with other agencies (i.e. psychologist, psychiatrist/CAMHS, other counselling/psychotherapy).

- 1.
- 2.
- 3.
- 4.
- 5.

In cases where a young person is currently receiving support from any of the above agencies it can be helpful for us to communicate regarding the young person's needs. As such we will request consent to the exchange of relevant verbal and written information with other agencies that are/have been involved. Do you foresee any issues with this? Yes No

If yes, please comment:

To the best of your knowledge, is there a history of mental illness within the young person's family?
Please give details:

Does the young person have a history of self-harm or attempted suicide/suicidal thoughts? Please give details:

Does the young person have a history of any substance misuse? (Drugs/alcohol):

Has the young person ever been hospitalised for any of the above? Please give details:

What are your main reasons for making this referral i.e. what are the presenting areas of concern for the young person?

How do you feel the young person could benefit from therapy? Please give specific details.

1.

2.

3.

Wexford Rape Crisis Centre also offers Parent Support & Individual Therapy for Parents/Carers. It can often be very beneficial for a Parent/Carer to avail of support for themselves whilst the young person is attending the Adolescent counselling Service.

Please indicate if you which supports you think might be beneficial:

Parenting Support:

Individual Adolescent Therapy:

Adult Therapy

Please give details:

Any other relevant information? Please feel free to add any additional information you feel would be beneficial.

**Any queries/questions in relation to this referral please contact The Wexford Rape Crisis Centre on Freephone
1800 33 00 33/ (053) 91 22722**



Consent Form for the Wexford Rape Crisis Centre to communicate with external agencies in relation to a young person:

TO WHOM IT MAY CONCERN:

I hereby give my written consent for **Wexford Rape Crisis (WEXRC)** to communicate with the following agency/person to access information on _____ for the purposes of providing therapeutic support.

I understand that I may withdraw my consent at any time by notifying WEXRC in writing.

Name of Agency/Service: TUSLA

Role: Social Work Department

Name of young person:

Address of young person:

Date of birth: _____

Name of Guardian (print name): _____

Relationship to the Young Person: _____

Signature: _____

Date: _____

On behalf of WEXRC:

Signature: _____

Role in WRC: _____

Date: _____