**Professional Referral Pathway**

[**counselling@centre70.org.uk**](mailto:counselling@centre70.org.uk) **020 8670 2775**

Centre 70 Counselling Service offers low cost integrative counselling drawing on psychodynamic and client centred therapeutic approaches for adults over 18 living in West Norwood and the surrounding neighbourhoods. We offer weekly counselling sessions, each lasting 50 minutes. Sessions can continue up to one year.

Centre 70 Counselling Service is a charity that receives very limited external funding, so we need to make a charge to the client which is based on income. We are able to offer a very limited number of free counselling places subject to availability and certain eligibility criteria.

We will discuss income and set a fee with the client for the initial assessment meeting, after which we will make a decision on the service we can offer and agree a fee for ongoing sessions.

**Is Centre 70 counselling the right service?**

* We offer integrative counselling (generally long term)
* Centre 70 also contains a welfare advice service (debt, housing, benefits)
* We are not a specialist mental health service
* We are not part of the NHS therefore we may not be able to directly refer clients to other services or have access to patient information

**If you have questions about a client’s suitability to the service please contact us directly before making the referral.**

**Making a referral**

Please complete the referral form below to the best of your knowledge.

We will respond directly to the client to set up an initial assessment meeting, so please ensure that you have informed the client that you are making this referral.

The initial meeting is an opportunity to explore why the client feels they need counselling at this time in their life, and to discuss whether or not counselling at Centre 70 is the best form of help for them.

Following the assessment each person is reviewed and a decision is made as to whether Centre 70 counselling service is suitable for them at this time, and which service they are eligible for, including the level of fee to be paid.

We will inform you if the client begins counselling with Centre 70. If we decide not to accept the client for counselling we will inform the client and contact your service directly to refer the client back.

Please complete the form in full and return to [counselling@centre70.org.uk](mailto:counselling@centre70.org.uk)

**Client Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | **Gender** | |  | **DOB** |  |
| **Address**  **Postcode** |  | | | | | | |
| **Phone** |  | **email** | |  | | | |
| **Occupation** |  | | | | | | |
| **GP Name and Practice** |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Have you had Counselling at Centre70 before?** YES/ NO  If yes, what year? | | |
| **We are open Mon - Fri which of these days are you available? Please state your available times/days below** | | |
| Monday (10am-8pm) | Tuesday (10am-8pm) | Wednesday (10am-8pm) |
| Thursday (10am-8pm) | Friday (10am-4pm) |  |
| **Do you require a ground floor room?** YES / NO | | |

|  |  |
| --- | --- |
| Do you require Centre 70 advice and information services?  If yes, please highlight which  **020 8670 0070**  [**enquiries@centre70.org.uk**](mailto:enquiries@centre70.org.uk) | **O** Debt (owe money or struggling financially)  **O** Benefits  **O** Housing  **O** Student finance  **O** Utilities (switching, bills, discounts) |

**THIS CLIENT GIVES CONSENT FOR CENTRE 70 TO COLLECT AND SECURELY STORE THEIR PERSONAL DATA:** YES **□** NO **□**

**Please complete second page below**

**Referral Information**

|  |  |
| --- | --- |
| **Date of referral** |  |
| **Organisation** |  |
| **Name** |  |
| **Contact details** |  |

|  |
| --- |
| **Briefly describe why the client has requested counselling and what they could hope to gain through counselling?** |
| **What other services does the client receive, or have they received in the past? (NHS/ mental health services or other services)** |
| **Please provide any other relevant detail regarding the client’s background and current situation including: risk, diagnosis, drug/alcohol use, other presenting issues:** |