



Child and Family Therapies

Unit 12 Ladyburn Business Centre
20 Pottery Street
Greenock
PA15 2UH
Tel: 01475 339019

Email: children@mindmosaic.net

Referral Form – Children/Young People Service 3 – 18 years

Date Referral Received	
Name of Child/YP	
Address	
Age & D.O.B.	
Name of Parent/Carer Parent/Carers Address (Inc Post Code)	
Parent/Carers Tel No (Home)	
Parent/Carers Tel No (Mobile)	

Parent/Carers Tel No (Work)	
Parent/Carers email Address	
Parent/Carers Date of Birth	
Parent/Carers Employment Status	

Name of Referrer	
Agency Address	
Agency Tel No	
Relationship to the Child/YP	

Reason For referral	
Is the Child/YP on the Child Protection register; LAAC; or on a Supervision requirement	
Current Situation	

Any Other Agencies Involved	
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Service Required (tick appropriate service)

Play therapy (3-18yrs)

Group Work

Counselling

One to One Support

Bereavement – Individual work

Consultation Appointment
(professionals/referrers)

Consultation Appointment
(parent/carer – if applicable)

Training Workshop
(Parents/carers)

Training Workshop
(Professionals)

Signed	
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Date	
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Equalities Monitoring Form – Young Person

Mind Mosaic aim to be an equal opportunities organisation. We want to encourage applications from all sections of the community. To help us achieve this, we ask all parents/carers, children and young people to complete this form. This information is completely confidential.

Gender	
Male	
Female	
Transgender	

Age	
0 – 24	
25 – 64	
65 + Years	

Disability	
Disabled	
Not disabled	

Ethnic Background	
White	
English/Scottish/Welsh/Northern Irish/ UK	
Irish	
Gypsy or Irish Traveller	
Any other white background	
Mixed/Multiple ethnic groups	
Mixed ethnic background	
Asian/Asian UK	
Indian	
Pakistani	

Bangladeshi	
Chinese	
Any other Asian background	
Black/African/Caribbean/Black UK	
African	
Caribbean	
Any other Black/African/Caribbean	
Other ethnic group	
Arab	
Any other	

Preferred Language

English	
Bengali	

Cantonese	
Punjabi	
Urdu	
Hindi	
Welsh	
Gaelic	
Any other Please state:	

Religion or belief	
No religion	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Other religion	

Sexual orientation	
Heterosexual	
Lesbian, gay man or bisexual person	
Not known	



Equalities Monitoring Form – Parent/Carer

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Any other Black/African/Caribbean	
Other ethnic group	
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Any other	

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