



## FLASH Referral Form

Thank you for your interest in the CAVS, **Families Learning About Self-harm** parent/carers' course.

Name of Parent / Carer:

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Address:

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Contact Number:

Email:

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Relationship to the young person:

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Does the young person live with you?

Full Time

Has Contact

Not at all

Other

Name and address of young person (if different to above):

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Young person's age and gender:

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School/ educational setting young person attends:

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### REFERRAL FROM ORGANISATION

(please only complete if you are referring from another organisation)

Name of Referrer and Organisation:

Contact Details:

WHAT OTHER SERVICES ARE INVOLVED e.g. EWMHS, Children Social Care, Rochford Extended Services



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**Any other information we need to know:**

**Reason for the referral:**

When can you attend the course?

AM

PM

Evenings

**Data protection:** CAVS complies with its obligation under the GDPR by keeping personal data up to date; by storing it and destroying it securely and by not collecting or retaining excessive amounts of data. Data will be used to complete funding reports and to contact those named on the referral form.

Signed:

Date:

When we have received your completed form, we will be in touch with you via telephone/letter.