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Parent Led CBT Group Referral Form

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| --- | --- |
| **Parent Name:** | **Child Name:** |
|  | **Age of child:** |
| **Address:** |
| **Reason for wanting to access the group:** |
| **Any other professional bodies involved: i.e., CAMHS, School Counsellor etc.** |
| **Any other support accessed: e.g. parenting group, GP etc.** |

**As part of the course, it is important that you attend all 7 sessions and understand that you will be asked to complete reading and tasks based outside of the sessions. The need for confidentiality and safeguarding are paramount within the session, the tutor will discuss these with you on the first session.**

**Completed forms to be sent to:**

debbie.cragg@wycf.co.uk

laura.jones@wycf.co.uk

**Winsford Youth & Community Forum**

**New Images**

**Nixon Drive**

**Winsford**

**Cheshire**

**CW7 2HG**

**01606 593724**