

## **Creative and Therapeutic Art Sessions at the Corn Loft with Jeff Walker**

### **Before referring**

Authorisation of funding should be agreed prior to sending information or booking an appointment.

The following information is required for assessment before an appointment can be offered.

### **Referrer**

Name of person referring:

Position/Responsibility for the person referred:

Address:

Telephone:

Mobile:

Email:

Funding agreement and person responsible for authorisation:

Person to whom monthly Invoices should be sent:

Address:

### **The person being referred:**

Contextual reason for referral: -

Name:

Age:

Dob:

Parents:

Address/Residence:

Contact Number:

School:

Contact teacher:

Care order:

### **Professionals and significant contacts**

Social Services:

Healthcare:

Education:

Advocate/guardian ad litum:

G.P. Others.

### **Brief History**

Please include on a separate sheet the following - history of violence, inappropriate behaviour, allegations of abuse, pending legal court or criminal prosecutions, bail conditions, emotional/behavioural disorders, physiological and environmental influences.

Medical or psychiatric involvement: Medication.

Educational status:

Special needs:

Risk assessment criteria:

Drugs/alcohol use/ dependency: smoker

### **Therapeutic history**

Duration of therapeutic work:

Type of intervention:

Therapeutic worker:

Is the referred person receiving medication?

If so, what is it - and who is monitoring it:

### **Notification/Information/communication.**

If the referral is accepted it is a requirement that any significant changes in behaviour, environment, and circumstances (including disclosures or convictions) should be communicated as soon as possible.

If the sessions are to end notification is required 4 weeks in advance.

### **Complaints**

If any problems are encountered, a prompt response and resolution will be sought and any changes necessary implemented.

Suggestions, opinions and ideas that assist in making the service more effective are welcome.

Signature of referrer:

Name and position of responsibility:

Date:

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