



**Families' House**  
125 Ber Street, Norwich NR1 3EY

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Charity registration: 286650

Company registration: 3137001

**Additional Information required for referral to Time for Me Project.**

Please provide as much detail as possible.

- Genogram (3 generations if possible) including step-siblings. Please circle who the child is particularly close to.
- Date of parents' separation and length of separation
- Contact Arrangements

Current

Following separation

- What are your concerns about your child that make you think therapy could help them. What, if any, changes have been observed in the child that has prompted this referral.

Parent:

Referrer:

- Has a professional recommended child needs or could benefit from a therapeutic service? Has a referral been made to another service at any time?

- If the “Child Behaviour” box has been ticked please ensure details of behavior(s) that give cause for concern are detailed.
- List any health concerns/allergies your child has.
- Describe any serious difficulties or life stresses the child has experienced other than the separation/divorce. Please give child’s age at time of event.
- Child’s understanding of the reason for the separation.
- Describe any domestic abuse the child has witnessed/experienced and give age of child at the time.