**Expression of Interest**

Thank you for your interest in our Fostering Support Interventions Framework. We are interested in expressions of interest in delivering therapeutic interventions to our fostered children in care aged 5-12 in advance of our Framework tender going live in July. To register your interest, please fill out this form and e-mail it back to [ucayuso@nctrust.co.uk](mailto:ucayuso@nctrust.co.uk) by 25th June.

|  |  |
| --- | --- |
|  | I give permission for the information provided below to be used as stated in our [Privacy](https://www.nctrust.co.uk/privacy-notice/Pages/children's-services-commissioning-participation-and-engagement-and-strategy.aspx) notice. |

**Section I: Practice information**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | Click or tap to enter a date. | | | | | |  |  |  | |  |
|  |  | | |  | |  |  |  |  | |  |
| Provider type: | | Individual | | | | | | | | Group / Organisation | |
| Provider’s name: | | | | | Click or tap here to enter text. | | | | | | |
| Main contact name: | | |  | | Click or tap here to enter text. | | | | | | |
|  | | *(the company’s primary point of contact with Project’s administrative staff)* | | | | | | |
|  | |  | | | | | | |
| Contact information: | |  | Click or tap here to enter text. | | | | | |  | | Click or tap here to enter text. |
|  | *E-mail* | | | | | |  | | *Phone number* |
|  |  | | | | | |  | |  |
| Website: | | | | | Click or tap here to enter text. | | | | | | |
| Mailing address: | |  | Click or tap here to enter text. | | | | | | | | |
|  | *Address line 1* | | | | | | | | |
|  | |  | Click or tap here to enter text. | | | | | | | | |
|  | |  | *Address line 2* | | | | | | | | |
|  |  |  | Click or tap here to enter text. | | | | | |  | | Click or tap here to enter text. |
|  |  |  | *Town* | | | | | |  | | *County* |
|  |  |  | Click or tap here to enter text. | | | | | | | | |
|  |  |  | *Postcode* | | | | | | | | |
| Practice address: | |  | Click or tap here to enter text. | | | | | | | | |
|  | *Address line 1* | | | | | | | | |
| *(If different from mailing address)* | | | Click or tap here to enter text. | | | | | | | | |
|  | |  | *Address line 2* | | | | | | | | |
|  |  |  | Click or tap here to enter text. | | | | | |  | | Click or tap here to enter text. |
|  |  |  | *Town* | | | | | |  | | *County* |
|  |  |  | Click or tap here to enter text. | | | | | | | | |
|  |  |  | *Postcode* | | | | | | | | |
| Counties / area you cover: | | | | | Click or tap here to enter text. | | | | | | |
| Mileage rate: | | | | | Click or tap here to enter text. | | | | | | |
| Venue cost (if applicable): | | | | | Click or tap here to enter text. | | | | | | |

**Section II: Practitioner’s Information**

If you are a group practice, please fill out this section for each clinician who would be available to deliver interventions for our Framework.

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| --- | --- | --- | --- | --- | --- |
| Practitioner’s name: | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| *First Name* | | *Surname* | | |
| Mental Health Role: | Choose an item. | | | | |
| Language(s) the therapy can be delivered in: | Click or tap here to enter text. | | | | |
| Clients you work with: | Children 5-12 years old | Adolescents | | Families | Adults |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practitioner’s name: | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| *First Name* | | *Surname* | | |
| Mental Health Role: | Choose an item. | | | | |
| Language(s) the therapy can be delivered in: | Click or tap here to enter text. | | | | |
| Clients you work with: | Children 5-12 years old | Adolescents | | Families | Adults |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practitioner’s name: | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| *First Name* | | *Surname* | | |
| Mental Health Role: | Choose an item. | | | | |
| Language(s) the therapy can be delivered in: | Click or tap here to enter text. | | | | |
| Clients you work with: | Children 5-12 years old | Adolescents | | Families | Adults |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practitioner’s name: | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| *First Name* | | *Surname* | | |
| Mental Health Role: | Choose an item. | | | | |
| Language(s) the therapy can be delivered in: | Click or tap here to enter text. | | | | |
| Clients you work with: | Children 5-12 years old | Adolescents | | Families | Adults |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practitioner’s name: | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| *First Name* | | *Surname* | | |
| Mental Health Role: | Choose an item. | | | | |
| Language(s) the therapy can be delivered in: | Click or tap here to enter text. | | | | |
| Clients you work with: | Children 5-12 years old | Adolescents | | Families | Adults |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practitioner’s name: | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| *First Name* | | *Surname* | | |
| Mental Health Role: | Choose an item. | | | | |
| Language(s) the therapy can be delivered in: | Click or tap here to enter text. | | | | |
| Clients you work with: | Children 5-12 years old | Adolescents | | Families | Adults |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practitioner’s name: | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| *First Name* | | *Surname* | | |
| Mental Health Role: | Choose an item. | | | | |
| Language(s) the therapy can be delivered in: | Click or tap here to enter text. | | | | |
| Clients you work with: | Children 5-12 years old | Adolescents | | Families | Adults |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practitioner’s name: | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| *First Name* | | *Surname* | | |
| Mental Health Role: | Choose an item. | | | | |
| Language(s) the therapy can be delivered in: | Click or tap here to enter text. | | | | |
| Clients you work with: | Children 5-12 years old | Adolescents | | Families | Adults |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practitioner’s name: | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| *First Name* | | *Surname* | | |
| Mental Health Role: | Choose an item. | | | | |
| Language(s) the therapy can be delivered in: | Click or tap here to enter text. | | | | |
| Clients you work with: | Children 5-12 years old | Adolescents | | Families | Adults |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practitioner’s name: | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| *First Name* | | *Surname* | | |
| Mental Health Role: | Choose an item. | | | | |
| Language(s) the therapy can be delivered in: | Click or tap here to enter text. | | | | |
| Clients you work with: | Children 5-12 years old | Adolescents | | Families | Adults |

**Section III: Interventions Offer**

Please feel free to provide any additional information that would improve the efficiency of the referral process (e.g. state specific therapy approaches). At the end of each section, you can add any other interventions you offer.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Psychotherapy (or a talking therapy) for the child** | | | | | | | |
| **Please choose the type(s) of support**  **you are trained and qualified to deliver:** | | **Cost per session** | **Average number of sessions** | **Type(s) of sessions offered:** | | | **Additional information** |
| Acceptance and Commitment Therapy (ACT) |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Applied Behaviour Analysis (ABA) |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Cognitive Analytic Therapy (CAT) |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Cognitive Behavioural Therapy (CBT) |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Compassion-Focused Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Dialectical Behavioural therapy (DBT) |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Educational Psychotherapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Eye Movement Desensitisation and Reprocessing (EMDR) |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Interpersonal Therapy (IPT) |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Mindfulness-based Cognitive Therapy (MBCT) |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Motivational Interviewing |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Neurofeedback / Brain mapping |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Psychoanalytical Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Psychodynamic Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Psychosexual Counselling around sexual appropriateness |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Sensory Integration Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Solution-Focused Brief Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Therapeutic Listening Programme |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Therapeutic Mentoring |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Other psychotherapy for child *(please specify in add. Information)* |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Creative or physical therapy involving the child only** | | | | | | | |
| **Please choose the type(s) of support**  **you are trained and qualified to deliver:** | | **Cost per session** | **Average number of sessions** | **Type(s) of sessions offered:** | | | **Additional information** |
| Animal-assisted Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Art Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Dance / Movement Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Drama Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Expressive arts Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Lego Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Mindful Yoga |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Music Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Play Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Sand Tray Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Other creative therapy for child *(please specify in add. Information)* |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Family / Filial Therapy** | | | | | | | |
| **Please choose the type(s) of support**  **you are trained and qualified to deliver:** | | **Cost per session** | **Average number of sessions** | **Type(s) of sessions offered:** | | | **Additional information** |
| Child to Parent Violence (CPV) Individual Based Programme |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Dyadic Developmental Psychotherapy (DDP) - certified practitioner |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Dyadic Developmental Psychotherapy - informed / non-certified practitioner |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Filial Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Multi-systemic Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Parent-Child Interaction Therapy (PCIT) |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Systemic Family Therapy |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Theraplay |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Video Interaction Guidance |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Other family therapy *(please specify in add. Information)* |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parenting Training Courses** | | | | | | | |
| **Please choose the type(s) of support**  **you are trained and qualified to deliver:** | | **Cost per session** | **Average number of sessions** | **Type(s) of sessions offered:** | | | **Additional information** |
| Building Attachments |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Child to Parent Violence (CPV) Group-Based Programme |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Foundations for Attachments |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Non-Violent Resistance (NVR) Programme |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Nurturing Attachments |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Therapeutic Parenting |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Managing Behaviour with Attachment in Mind |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Other attachment-based training |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Secure base model parenting programme |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Other parenting training *(please specify in add. information)* |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Other types of support** | | | | | | | |
| **Please choose the type(s) of support**  **you are trained and qualified to deliver:** | | **Cost per session** | **Average number of sessions** | **Type(s) of sessions offered:** | | | **Additional information** |
| Specialist Assessment *(please specify in add. information)* |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Therapeutic Life Story Work |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Therapeutic Short Breaks |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Listening services/circles or Support groups for Foster Parents |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Parenting coaching |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Clinical supervision for Foster Carers |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |
| Other types of support for foster families *(please specify in add. Information)* |  | Click or tap here to enter text. | Click or tap here to enter text. | Face-to-face | Online | Home visit | Click or tap here to enter text. |
| Walk and talk | Phone |