# BC:\Users\adele.mcnee\Documents\Adele\Childrens-Services-crest-2.jpgLogo, company name  Description automatically generated

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| **Positive Mental Health & Wellbeing Service****Confidential Parent/ Carer Referral Form** |
| Today’s Date | Click or tap to enter a date. |
| **Part 1a: About you** |
| Your full name: |  |
| Your address:Your postcode: |  |
| Your telephone number (if you have one): |  |
| What is the best way for us to contact you? |  |
| Is there a time / day you would prefer us to contact you? |  |
| **Part 1b: About your child/ren**  |
| Name/s | Relationship to you | Date of Birth | Gender | Ethnicity | Disability | Telephone number (if they have one) | School Attended (if Applicable) | School Stage |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
| **Do they all know that you have asked for our help?**If not all, please let us know who does not know you have asked for help. | [ ] Yes [ ] No  |
|  |
| **Are you happy for us to speak with them?** If not all, please let us know who you do not wish us to speak to. | [ ] Yes [ ] No  |
|  |
| **Is there anything else you think we should know about your child/ren?** |
|  |
| **Part 1c: Do you / your children help/look after anyone else at home?**  |
| Name of person receiving help | Age | Relationship to you / child | Who is helping to look after them | What kind of help is needed? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| **Part 2: What would you like us to help you with?** **(Select all that apply)** |
| [x]  Developing healthy & positive relationships [ ]  Staying safe online [ ]  Being confident about body image / building self-esteem [ ]  Parenting support [ ]  Building resilience / coping strategies [ ]  Mental Health/ Anxiety/ Managing Emotions  |
| **Are you currently experiencing domestic abuse?**  |  Yes [ ]  No [ ]  |
| If yes, how has this impacted you? |
| **Please tell us about anything else you are having difficulty with** |
|  |
| **Part 2: What would you like us to help your child/ren with?**  **(Select all that apply)**  |
| [ ]  Developing healthy & positive relationships [ ]  Staying safe online [ ]  Being confident about body image / building self-esteem [ ]  Parenting support [ ]  Building resilience / coping strategies [ ]  Mental Health/ Anxiety/ Managing Emotions  |
| **Please tell us about anything else your child/ren are having difficulty with** |
|  |
| **Part 3: Are you / your child working with any other services just now?** |
| If yes, please tell us which service and who your / their key worker is: |

**Thank you for completing this form.**

**Please email the completed form to** **forthvalleyservices@barnardos.org.uk**

**A member of the team will be in touch within 48 hours**