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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | | | | | YesNo | |
|  | | | | | | | | | | | | |
| **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? | | |
|  | |  | |  | | |  | | |  | | |
|  | |  | |  | | |  | | |  | | |
|  | |  | |  | | |  | | |  | | |

|  |  |
| --- | --- |
| **Part 2: What would you like us to help you 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 | |
| **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**](mailto:forthvalleyservices@barnardos.org.uk)

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