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| **Positive Mental Health****& Wellbeing Service****Confidential Professional Referral Form** |
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| **Part 1a: Referral details** |
| Date of referral: |  |
| Name of person making the referral: |  |
| Contact details for person making the referral | Telephone |  |
| Email |  |
| **Part 1b: Young person’s details** |
| Young person’s name: |  |
| Address:Postcode: |  |
| Telephone: |  |
| Date of birth: |  | Gender: |  |
| Ethnicity: |  | Disability: |  |
| School Stage |  |
| What is the best way to contact the young person? |  |
| Is the young person aware of the referral? |  |
| **Part 1c: Parent/carer/s details**  |
| Name/s: |  |
| Address/s (if different from young person above):Postcode: |  |
| Telephone: |  |
| Are they aware of the referral?  |  |

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| **Part 2: What kind of support is needed?**  **(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 any other issues that we can help with |
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| **Part 3: Barriers** **Are there any challenges or barriers to accessing support that we can help with?** |
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| **Part 4: Are any other agencies providing support?**  |
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| **Part 5: Is there anything else you think would be helpful for us to know about?** |
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**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**