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| **If you are aged 10-18, living in Lancashire and struggling with your mental wellbeing e.g. low mood, anxiety, stress, exam pressure, you can access one to one, peer, and group support to improve your wellbeing, confidence and self-esteem.**Children and Young People’s Wellbeing Coaching Individual Referral Form**Fill this referral form in and send to** **cypcoaching@lancashiremind.org.uk** **and someone will be in touch to discuss your referral and get you the support you need.**  |
| **Privacy Statement**Lancashire Mind need to collect the information on this form to provide you with wellbeing coaching sessions. This information is used to schedule appointments and assess suitability for the service. You have the right to withdraw consent for us to use this information, however this may mean that we can no longer offer our wellbeing coaching service to you. The data you provide will not be used for in any automated decision-making and will not be shared or sold with any third-party and will not be transmitted outside the EEA. For our full privacy policy visit lancashiremind.org.uk or you can request, change, transfer or have your data removed, please email admin@lancashiremind.org.uk  |
| **Referrer’s details Name:****School / Service: Contact number:****Role: Date of referral: / /** **Email:**  |
| **Parent / Guardian Details****Name:****Address if different to above:****Contact Number:   Email:** |
| **Young person’s details****Name:** **Age: Year group:****Gender: Ethnicity:**   **Preferred Language:**  **Address: Postcode:** **Telephone number:** |
| **Referral Information**Please give brief details regarding the reasons for referral. Please include information on the challenges they are facing, how they are currently coping, any risk-taking behaviours and any other information you feel would be useful to the worker. **Please also include any other services that the young person is currently engaged in e.g. CAMHS, school counsellor, CANW etc.**  |
| **Is the young person classed as vulnerable or disadvantaged?** The child’s commissioner and government class vulnerable or disadvantaged children/young person (CYP) as the following: *Any CYP working with a social worker or a Care Plan, any CYP that is a Looked After Child, any CYP that lives in a deprived area, any CYP that has special educational needs, any CYP that has an Early Help or Common Assessment Framework open, any CYP that is classed as a Young Carer, any CYP accessing Free School Meals or on Pupil Premium,* **YES [ ] NO [ ]***,*  |
| **Has the young person been informed about the referral? Yes [ ] No [ ]****Does the YP consider themselves to have an impairment which might affect them accessing the support?** **If yes, how can we make reasonable adjustments to help them access the support?** Please sign below to consent to this referral being made and to indicate agreement with the above privacy policy:**Young person’s signature/verbal consent…………………** **Date………………………….****Parent/Guardian signature/verbal consent ………………… Date………………………….** |
| Please give any relevant information about the young person’s background or significant life events.  *If self-referring are there any significant life events which are causing you concern?*  |
| How is the young person coping in school (academically / socially, behaviourally)?   *If self-referring, how are you coping in school?*  |
| Is the young person looking to access group or 1:1 coaching sessions? Group [ ]  1:1 [ ]  |

Children and Young People’s Wellbeing Coaching

 Individual Referral Form