**Education Wellbeing Service Application Form**

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| Name: |  | | | I identify my gender as: |  |
| Date of birth: |  | Year group: |  | Ethnicity : |  |
| First language: |  | | |
| Home address: |  | | | | |
| Phone number: |  | | | | |
| Email address: |  | | | | |
| NHS Number: (if known) |  | | | | |
| Have you discussed your interest in this service with your parent/ carer? | Yes 🞎 No 🞎 | | | | |
| Would you like your parent/ carer to be involved in some sessions? | Yes 🞎 No 🞎 Unsure 🞎 | | | | |
| Parent name and contact details (if you are 15 or under we will need to inform your parents of the referral by letter) | Name:  Phone number:  Email address: | | | | |
| Do you consider yourself to have a disability? If yes please specify: | No 🞎  Yes 🞎 …………………………………………………………………………………...................... | | | | |
| Which sort of support are you interested in? | Anxiety - Managing Stress, Worry or Fears x🞎  Low mood – Self-Esteem, Energy and Motivation 🞎x  Self-Harm Support 🞎 | | | | |
| Have you tried any other services? If yes please say which: | No 🞎  Yes 🞎 …………………………………………………………………………………………………….. | | | | |
| Are you/your family getting any other professional help at the moment? If yes please describe: | No 🞎  Yes 🞎 …………………………………………………………………………………………………….. | | | | |
| School: |  | | | | |
| GP Name: |  | | | | |
| GP Address: |  | | | | |

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| Please give a brief description of the difficulties you’re experiencing, including how long you’ve been experiencing them for and any impact of these difficulties on your everyday life: |
| Have you tried anything to help with these difficulties? |
| Are there any other things you think it would be helpful for us to know about? (e.g. parental relationship difficulties, recent bereavements or other changes in circumstances) |
| Source of referral: Self (young person self-identified) 🞎 Parent 🞎 Professional identified YP 🞎 |
| Please ensure that this referral has been discussed with the young person  Completed by (name): …………………………………………. Signature: …………………………….. Date: …………………….. |