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| **Positive Mental Health & Wellbeing Service** **Confidential Self - Referral Form** | | | |
| **Date:** | Click or tap to enter a date. | | |
| **Part 1a: About you** | | | |
| Your full name: |  | | |
| Your address:  Your postcode (if you know it): |  | | |
| Your telephone number (if you have one) |  | | |
| What is your date of birth? | Click or tap to enter a date. | Gender: | Choose an item. |
| Do you have a disability? | Choose an item. | Ethnicity: | Choose an item. |
| What is the best way for us to contact you? |  | | |
| **1b: If you are under 16, who looks after you most of the time?** | | | |
| Name/s |  | | |
| What is their relationship to you? |  | | |
| Telephone number |  | | |
| Do they know that you have asked for our help? | | | Yes No |
| Are you happy for us to speak with them? | | | YesNo |

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| **1c: Do you help/look after anyone else at home?** | | |
| Name | Relationship to you | Age |
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| **1d: Do you go to school, college, or work?** | | |
| School  Name of school:  College  Work  None | | |
| If yes, is there a time / day you would prefer us to contact you? |  | |

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| **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 ☐ | **Please tell us about anything else you are having difficulty with:** |
| **Part 3: Are you working with any other services just now?** | |
| If yes, please tell us which service and who your key worker is: | |
| **Part 4: 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**](mailto:forthvalleyservices@barnardos.org.uk)

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