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

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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 | **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**](mailto:forthvalleyservices@barnardos.org.uk)

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