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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**

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