

|  |
| --- |
| **Aberlour Primary Years Outreach - Contact Form****(Version 3 – 06.04.22)****Positive Mental Health & Wellbeing Service for****Primary School aged children** |
|  |
| **Part 1: Referral details** |
| Date of referral: | Click or tap to enter a date. |
| Name of person making the referral: |  | Relationship/ connection with child/young person: |  |
| Contact details for person making the referral: | Tel:  |  |
| Email: |  |
| Service : |  |
| **1b: Young person’s details** |
| Child/Young person’s name: |  |
| Address & Postcode : |  |
| Telephone: |  |
| Date of birth: | Click or tap to enter a date. | Gender: | Choose an item. |
| Current school year  |  |  |  |
| Ethnicity: | Choose an item. | Disability: | Choose an item. |
| Main Contact for Young Person | Name: |
| Relationship: |
| Contact Number: |
| Email Address: |
| How should we contact this person? | Text/Telephone/Email/Letter\* (Delete as appropriate) |
| Is the young person aware of the request to Aberlour Primary Years Outreach? | Choose an item. |

|  |
| --- |
| **1c: Parent/carer/ details**  |
| Name/s: | Parent 1: | Parent 2: |
|  |  |
| Address/s (if different from young person above):Incl Postcode: |  |  |
| Telephone: |  |  |
| Email: |  |  |
| Are they aware of the request to Aberlour Primary Years Outreach?  | Choose an item. |

|  |
| --- |
| **Part 2: What kind of support is needed? (select all that apply)** |
| Anxiety [ ] Attachment [ ]  Bereavement [ ] Depression [ ] Managing emotions [ ] Gender identity [ ] Repetitive behaviours [ ] Self-harm / injury [ ] Social relationships [ ] Substance misuse [ ] Trauma [ ]  | Please tell us about any other issues that we can help with: |
|  |

|  |
| --- |
| **Part 3: Barriers**  |
| Are there any challenges or barriers to accessing support that we can help with ? |
|  |

|  |
| --- |
| **Part 4: Are any other agencies providing support?**  |
|  |

|  |
| --- |
| **Part 5: Is there anything else you think would be helpful for us to know about for the family?** |
|  |

**Thank you for completing this form.**

**Please email the completed form to** **falkirkservices@aberlour.org.uk**

**Contact Telephone number: 0800 015 5511**

|  |
| --- |
| **Aberlour Office use. Add dates:** |
| Request Received:  |  |  Reply to person making the request on behalf of the family: |  |
| Added to waiting list: |  | Contact made with family: |  |
| Support accepted by family: | YES/NO | Support began: |  |