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| **Aberlour Primary Years Outreach - Contact Form** **(Version 5 – 18.08.22)****Positive Mental Health & Wellbeing Service for****Primary School aged children** | | | | | | |
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| **Part 1: Referral details** | | | | | | |
| Date of referral: |  | | | | | |
| 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. | |
| School / Nursery attended: |  | | | Current school year: |  | |
| Ethnicity: | Choose an item. | | | Disability: | Choose an item. | |
| Child Protection Register (Is the child on the  CP register Yes / No) | Choose an item. | | | Legal Status: | 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. | | | |

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| **1c: Parent/carer/ details** | | | |
| Name/s: | Parent 1: | | Parent 2: |
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| 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. | |

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| **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: |
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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 for the family?** |
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**Thank you for completing this form.**

**Please email the completed form to** [**falkirkservices@aberlour.org.uk**](mailto:earlyyearsoutreach@aberlour.org.uk)

**Contact Telephone number: 0800 015 5511**

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| **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: |  |