

|  |
| --- |
| **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?  | Yes[ ] No [ ]  |

|  |
| --- |
| **1c: Do you help/look after anyone else at home?**  |
| Name | Relationship to you | Age |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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? |  |

|  |
| --- |
| **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?** |
|  |

**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**