

**Request for Support**

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| Name:Pronouns: | Date of Birth: / / |
| Address: | Age: |
| Gender: |
| Telephone: |
| Mobile(if applicable): |
| School/College: | Permission to leave message: Yes / No |
| GP Practice (if known):  |

Preferred language: ……………………….. Religion: …………………………………………

Ethnicity: Asian 🞎 Bangladeshi 🞎 Black – African 🞎 Black - Caribbean 🞎 Black – other 🞎

Chinese 🞎 Indian 🞎 Mixed – White & Asian 🞎 Mixed – White & Black 🞎 African 🞎

Mixed – White & Black Caribbean 🞎 Pakistan 🞎 White British 🞎 White Irish 🞎

White – Other Background 🞎 Other 🞎

Interpreter Required: Yes / No Sign Language Required: Yes / No

*If yes please give details*:

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| **Please tick all that apply:** |
| Are or have been looked after or accommodated including being adopted from care | 🞎 |
| Have been neglected or abused or are subject to a Child Protection Plan | 🞎 |
| At risk of Sexual Exploitation | 🞎 |
| A learning disability | 🞎 |
| A learning difficulty | 🞎 |
| A physical disability | 🞎 |
| Has or is in the process of attaining an Education Health Care Plan (EHCP) | 🞎 |
| A chronic, enduring or life limiting illness | 🞎 |
| Medically unexplained symptoms | 🞎 |
| Substance misuse issues | 🞎 |
| Are homeless or are from a family that are homeless | 🞎 |
| Parental concerns (Domestic violence, mental and/or physical illness, dependency or addiction) | 🞎 |
| Gender identity differs from sex assigned at birth | 🞎  |
| From a refugee or asylum seeking family | 🞎 |
| At risk of, and/or have been involved in, offending | 🞎 |
| From a minority ethnic or minority cultural background including travellers | 🞎 |
| Are a young carer | 🞎 |
| Self-Harm – if yes please give details below | 🞎 |
| Suicidal Ideation - if yes please give details below | 🞎 |
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| **Professional Involvement:**Previously known to Mental Health ServicesCurrently on the waiting list for Mental Health servicesAny neurodevelopmental diagnosisAny reasonable adjustments requiredGive Details…………………………………………………………………………… | YES/NOYES/NOYES/NOYES/NO |

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| **Reason for request**:(Outline mental health or emotional wellbeing needs including any risks) |
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| --- | --- |
| **Consultation:**Have you discussed this within consultation with your Healthy Minds Team link workerDate of discussion:…………………………………………..**Please ensure that you discuss this Request for Support with your link worker to ensure that we are offering the most appropriate intervention for the needs of the child/young person** | **YES/NO** |

**Parent /Carer Details**

Parent/Carer Name(s): ……………………………………………………………………………………

Relationship to child/young person: …………………………………..Tel No: ………………………..

Address (if different from above): ………………………………………………………………………….

Parental responsibility held by: …………………………………………………………………………….

Name of siblings: ……………………………………………………………………………………….

**Consent for contact:**

Has the child/ young person given consent? Yes / No

Has parent/carer given consent? Yes / No

***Please note that parent/carer consent is a requirement. If consent cannot be attained please discuss with your link worker.***

Consent given by: ………………………………………. Date: ……………………..

**Requester’s Details:**

Name: ………………………………………………………………………………………………………

Job Title: …………………………………………………………………………………….……………

Agency & Address: ……………………………………………………………………………………….

Telephone No: ………………………………… Mobile: ……………………………………………...

Signature: …………………………………..….. Date: …………………………………………..……