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| **Emotional Wellbeing Team Kent & Emotional Support Team Medway** |
|  Request for Support Form: Primary School  |
| **Section 1** | **My Child** |
| First name: | Last name: | Date of birth: |
| My child likes to be known as……………………………… |
| Name of school/alternative provision: Name of preferred staff contact within your child’s school/alternative provision: Year group: |
| Male |  [ ]  |  Female  |  [ ]  | Other ………………………. | [ ]  |
| Non-Binary |  [ ]  |  Gender Fluid  |  [ ]  | Chosen pronouns are *(e.g., he/she/per/they):* ………... |
| Home address: | GP Name:  |
|  Post code: | GP Address:  |
|  |  |
| Language:  | Interpreter required Yes [ ]  No [ ] Please specify which language:  |
| Religion | No religion  | [ ]  | Jewish  | [ ]  |
| Christian | [ ]  | Muslim  | [ ]  |
| Hindu  | [ ]  | Sikh  | [ ]  |
| Buddhist  | [ ]  | Any other religion  | [ ]  |
| Ethnicity  | **White** | **Mixed or Multiple Ethnic Groups** |
|  | English, Welsh, Scottish, Northern Irish or British  | [ ]  | White and Black Caribbean | [ ]  |
|  | Irish  | [ ]  | White and Black African | [ ]  |
|  | Gypsy or Irish Traveler | [ ]  | White and Asian | [ ]  |
|  | Any Other White Background  | [ ]  | Any other Mixed or Multiple Ethnic background | [ ]  |
|  | **Asian or Asian British** | **Black, African, Caribbean, or Black British** |
|  | Indian | [ ]  | African | [ ]  |
|  | Pakistani | [ ]  | Caribbean | [ ]  |
|  | Bangladeshi | [ ]  | Any other Black, African or Caribbean background | [ ]  |
|  | Chinese | [ ]  |  |
|  | Any other Asian background | [ ]  | **Other ethnic group** | [ ]  |
|  |  |  | ………………………………………………... |  |
|  |  |  | **Prefer not to say**  | [ ]  |
|  |  |  |  |  |
| **Section 2** | **Consent** |
| By completing this form, I am consenting on behalf of child to receive support from NELFT Emotional Wellbeing Team Kent & Emotional Support Team Medway. Our service keeps electronic patient records. By requesting support from us, you will be consenting to us keeping a record of our work together. Our service is an NHS service and therefore we have close communications with our GP surgeries to make them aware of the opening and closing of referrals. Do you consent to the following? |
| Can work be carried out via video where required? (e.g., Microsoft Teams)  | [ ] Yes [ ] No |
| Can we contact your child’s school/alternative provision? | [ ] Yes [ ] No |
| Can we contact your child’s GP about the detail of our work together? | [ ] Yes [ ] No |
| Can we contact other agencies supporting your family if required? | [ ] Yes [ ] No |
| Signed ………………………………………………… Dated………………………………………..*Consent is important to us so we will discuss this further when we meet with you and/or your child.* |
| **Section 3** | **Details of parent/carer/next of kin** |
| Parent/carer/next of kin’s name: |
| Relationship to child:  |  |
| Language: | Interpreter required [ ]  Yes [ ]  NoPlease specify which language: |
| Home address:  |
| Postcode:  | Telephone number:  |
| Email address: | Mobile number:  |
| Preferred method of contact: Letter [ ]  Phone [ ]  Text [ ]  Email [ ]  |
| **Section 4** | **Which type of support are you interested in?**  |
| Have you attended any of our workshops? |
| Yes [ ]  Topic of workshop(s) ………………………………………………………………………………………….  |
| No, I have not been able to attend [ ]   | No, I have not seen workshops advertised [ ]  |
| No, other reason [ ]  ……………………………………………………………………………………….... |
| Parent/carer/next of kin views: What is your child struggling with that they would like to change? *Please give details (e.g., brief example of a recent situation where they have experienced the difficulty)*  |
| Child views: What would you like help with? *If possible, they can draw or write here:* |
| Please tick which type of support your child would benefit from:  |
| [ ]  | I would like support with my child’s anxiety | *Please give examples (e.g., specific fears, avoiding situations, excessive worry, poor eating patterns or diet, sleep difficulties)* |
| [ ]  | I would like support with my child’s behaviour | *Please give examples (e.g., behavioural difficulties, not listening to instructions)* |
| [ ]  | I would like to attend a group/the group I saw advertised in my child’s school | [ ]  | *Understanding my child’s anxiety* | [ ]  | *Understanding my child’s behaviour* | [ ]  | *Timid to Tiger (behaviour and anxiety)* | [ ]  | *Other (please specify)*…………. |
| [ ]  I am interested but I would like more information first. Please can I receive a telephone call or meet with you to find out if this type of support is right for my child? |
| [ ]  I am not interested in support but here are some suggestions of support that I would like the team to offer in my child’s school……….…………………………………………………………………….…… |
| What would you and your child like to be different as a result of receiving support? *Please give examples (e.g., things your child would like to be able to do, things they would notice that would be different)* Goals are important to us so we will discuss this further when we meet with you and/or your child. |
| Names of other services that have been accessed or are currently being accessed by you or your family: *Please give name of service and type of support (e.g., counselling, Early Help, social care, CAMHS)* |
| **Section 5**  | **Is there anything else you would like to tell us?** |
| *Please give details (e.g., significant life events/changes, special educational needs and/or disabilities, learning difficulties, neurodevelopmental conditions)*  |
| **Section 6** | **What happens next?** |
| Please return this form to the team via your child’s school/alternative provision. In school holidays **only**, these forms can be sent directly to EWTandESTenquiries@nelft.nhs.uk Someone from the team will contact you within 2 weeks to arrange a Follow Up where we can discuss your Request for Support and to hear more about how you hope the team can help your child. |
| Please note that this form should **not be used** if you need immediate help or support regarding your child’s emotional wellbeing.If you require urgent help or support regarding your child’s emotional wellbeing that is not indicated on this form, please call:**NELFT Single Point of Access**: **0800 011 3474** (9am-5pm, Mon-Fri)**NELFT Mental Health Direct**: **0800 995 1000** (urgent or out of hours support)or seek Emergency Services.For online resources supporting your child’s emotional wellbeing please visit:<https://kentresiliencehub.org.uk/>  |
| **Feedback Form** | **EWT & EST use only** |
| The team is always seeking to improve the support we offer to children, young people and families. We would be grateful if you would please fill in this questionnaire about your experience of completing the Request for Support form. We will use what you tell us to improve our service. |  | Date form received by Emotional Wellbeing Practitioner at school: ……………….. |
| **Website** |
| Please visit our website to learn more about our team: <https://www.nelft.nhs.uk/kent-and-medway-mental-health-support-teams> or scan |