CYP Mental Health & Bereavement Support Referral Form

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| 1. **Please choose which service you require**
 |
| My Time emotional wellbeing support[ ]  **Please complete section 3**My Time offers an early intervention peer support service to help children & young people aged 5-19 cope with emotional wellbeing, anxiety, anger or separation. | Dragonflies Bereavement support[ ]  **Please complete section 4** Dragonflies offers free support to children aged 5-18 years old and their families who are experiencing bereavement. |
| 1. **Please complete for all referrals**
 |
| Date of referral:  |  | Re-referral? Y / N |
| Initial contact date:(complete by FSN Admin) | PR Number:(completed by FSN Admin) |
| Child / Young person’s name: |
| DOB: | Age: | Gender: |
| Main Parent / Carer Name: |  | 2nd Parent / Carer Name: |  |
| Address: |  | Address: |  |
| Post Code: |  | Post Code: |  |
| Tel No 1: |  | Tel No 1: |  |
| Tel No 2: |  | Tel No 2: |  |
| Email: |  | Email: |  |
| CYP contact number: |  | CYP email: |  |
| Does the family consent for this referral? Y / N |
| School Attended:  | School Year: |
| Parental permission to contact school and other agencies, if applicable: Y / N |
| Any other agencies involved (give contact details where possible): |
| Name of referring organisation: | Name of referring person: |
| Referrer’s telephone number: | Referrer’s email address: |
| 1. **My Time – Emotional Wellbeing Support referrals only**
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| Reason for Referral: (tick all that apply) |
| Anxiety [ ]  | Low Mood [ ]  | Anger Issues [ ]  | Low self-esteem [ ]  |
| Risky behaviour [ ]  | Bullying [ ]  | Communication & Social Issues [ ]  |
| Other – please specify:  |  |
| 1. **Dragonflies Bereavement Support referrals only**
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| **Date of death** |  | **Cause of death** |  |
| **Relationship to child** |  | **Was this person one of the child’s main carers?** | **Yes / No** |
| **Life changes for the child/YP since the death (tick all that apply)** |
|  Main carer newly alone after death of partner New main carer Parental separation or divorce New step-parent New sibling(s) or step-sibling(s) House move Change of school (apart from usual transitions) Move into foster/residential care Loss of contact with family members Loss of contact with friends |
| 1. **– Please complete for all referrals**
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| **Safeguarding Issues?**(CP/LAC/etc.)  |
| **Current risks?**(self-harm/ suicidal thoughts/risky behaviour) |
| **Referral information:**Please include all relevant information such as family/living situations, presenting issue(s), cause (if known), timeframe, and the impact on the young person’s life |
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Please return form to:

Children’s and Young People’s Services, FSN St Nicholas Centre, 66 London Road, St Leonard’s on Sea, East Sussex, TN37 6AS

Tel: 01424 377123/377124

Email: enquiriescyp@fsncharity.co.uk

Registered Charity Number: 208446