



Wakefield Children Young People/Families Emotional Wellbeing Service Request for Support

1. PRIVACY NOTICE STATEMENT & CONSENT

Please note by completing this request for support form, Compass will expect the following (please tick to confirm):

- 1. This referral has been discussed and agreed with the person concerned
- 2. You consider the person to have capacity to give informed consent
- 3. If the person does not have capacity to consent, you have consulted with the parent/carer/advocate.
- 4. You have explained that any information held on this form will be stored by Compass on a secure database

If the referral is for a young person:

- 5. Does the parent/carer (if under 16) or young person, consent to Compass contacting other agencies to discuss the referral if required? Yes No
- 6. Does the child/young person consent to us contacting their parent/carer? Yes No

PLEASE NOTE: We will be unable to progress with a request for support without confirmation that consent has been appropriately discussed and agreed.

Compass Wakefield Emotional Wellbeing Service provides early intervention and support to children, young people, families and communities to develop the knowledge, skills and confidence to build and maintain the emotional health and wellbeing of children and young people.

Helpful topical information, advice, and self-help materials are easily available at www.wf-i-can.co.uk

The service provides a free texting service in partnership with SHOUT 24 hours a day, 7 days a week for confidential help. To access this service text **BUZZ** to **85258**.

The service provides tailored advice and information and/or guided self-help through goal-based interventions on either an individual or group basis. To access advice or support please contact us on **01924 665093** Monday – Friday 9.00am to 4.30pm or complete the request for support form and return it to WakefieldCYPEWS@Compass-uk.org.

Please tick the box below indicating the purpose of your request:

To access emotional wellbeing groupwork for a child or young person

To access individual emotional wellbeing support for a child or young person

Advice and Information for: A child or young person A parent or carer

Something else Please tell us here about your request.....

Please note that it may hold up the referral if Compass is unable to speak with the referrer following this request.



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CONTACT DETAILS FOR PERSON MAKING REQUEST

Name:	Relationship:
Organisation (if applicable):	
Address:	
Contact phone number:	
E-mail address:	
Has the child/young person/parent/carer consented to being contacted via phone? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the child/young person/parent/carer consented to being contacted via text message? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the child/young person/parent/carer consented to being contacted via email? Yes <input type="checkbox"/> No <input type="checkbox"/>	

DETAILS OF THE PERSON REFERRED

Full name	Preferred name:
Address:	
<i>(NB we may correspond by post unless you instruct us not to)</i> Postcode:	
Mobile phone number: <i>(NB we may leave a message on this phone number unless you tell us not to)</i>	
Landline phone number: <i>(NB we may leave a message on this phone number unless you tell us not to)</i>	
Date of birth:	Age:
Gender:	Religion:
Ethnicity:	Main Language: <i>(Is an interpreter required? If so specify language)</i> Documents required in main language <input type="checkbox"/>
White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other white background <input type="checkbox"/> Mixed White and Black Caribbean <input type="checkbox"/> Mixed White and Black African <input type="checkbox"/> Mixed White and Asian <input type="checkbox"/> Any other Mixed Background <input type="checkbox"/> Asian or Asian British – Indian <input type="checkbox"/> Asian or Asian British – Pakistani <input type="checkbox"/> Asian or Asian British – Bangladeshi <input type="checkbox"/> Any other Asian Background <input type="checkbox"/>	Black or Black British – Caribbean <input type="checkbox"/> Black or Black British – African <input type="checkbox"/> Black or Black British – Other <input type="checkbox"/> Other Ethnic group – Chinese <input type="checkbox"/> Any other ethnic group (state)..... (Is an interpreter required? If so specify language) Documents required in main language <input type="checkbox"/>
Next of Kin:	
Accommodation status: <i>(i.e. living with parents, living with relatives, fostered, adopted, independent living)</i>	
Are there any methods by which the person does <u>NOT</u> want to be contacted?	
Are there any additional needs Compass will need to be aware of to help the CYP/family engage? This may include accessibility/hearing impairment/communication methods.	



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IF THE REQUEST IS FOR A PERSON UNDER 18 YEARS OF AGE PLEASE PROVIDE CONTACT DETAILS OF PARENTS / CARERS		
	Parent/Carer One	Parent/Carer Two (optional)
Name:		
Relationship:		
Address:		
Contact phone number:		
E-mail address:		
Main language:		
Is an interpreter required?		
SCHOOL/COLLEGE DETAILS (if applicable)		
Name of the school the young person attends:		
Year group:		
Name of key contact / member of staff at school:		
Telephone number of the school:		

GP DETAILS
G.P name:
Name and address of G.P surgery:
Phone number:
Email address:

DOES THE PERSON HAVE ANY ADDITIONAL NEEDS			
Subject to a CPP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Elected Home Educated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
LAC/Care Leaver	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Young Carer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Excluded / at risk of	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Substance Misuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
NEET	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Special Educational Need or Disability (SEND)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Neurodiverse Diagnosis (e.g. ASD, ADHD)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Education Health and Care Plan (EHCP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Physical health needs (including allergies)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Mental health diagnosis (e.g. PTSD, OCD, anxiety, depression)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Previous mental health intervention (e.g. CAMHS, counsellor, Psychologist)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Please provide more details:			



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WHAT IS THE REASON FOR REFERRAL?

ARE YOU AWARE OF ANY CURRENT OR PREVIOUS RISKS ASSOCIATED WITH WORKING WITH THIS PERSON?

(Please include any risks to self, others and safeguarding concerns)

PLEASE TELL US ABOUT ANY OTHER SERVICES SUPPORTING THE FAMILY. (This might include CAMHS, Early Help, School Nursing, social worker or others).

ANY OTHER RELEVANT INFORMATION:

(Including: family, social, educational factors, disability or communication needs)

What is important to the person referred?

What would you most like help with?

What sort of things do you find most difficult?

How would you like things to improve?

Please send your completed Request for Support form, securely to: WakefieldCYPEWS@Compass-uk.org

If you are unable to send the form electronically please contact Compass on 01924 665093 – Monday – Friday 09.00 – 16.30 hours.



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