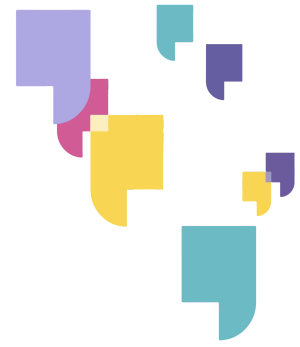


# School and Colleges Early Support Service Updates to referral forms



We have made improvements to our referral forms. We will now gather some additional information in referral forms to enable our Service to decide on the suitability of support for the young person being referred. We are hoping this will increase accessibility to our Service and support you further in making appropriate referrals.

Below you will be able to see the questions that are asked on the Young Person Support Offer 11-15 referral form that is completed by the primary contact for your school or college on the [portal](#). Please note, the referral cannot be saved once started and so must be completed in one go.

## Page 1 - initial validation questions

[Home](#)

All Referrals Pending Referrals Self-Referrals **New Referral**

### Young Person Support Offer 11-15

This referral form is for the Young Person Support Offer 11-15 only. If the young person is aged 16-25 then they can self-refer for the Young Person Support Offer 16-25 [here](#), or for the Single Session Consultation 16-25 [here](#).

**Referrals for this offer will be closing on Friday 28th April for the Academic year. If you would like a young person to receive support this Academic year, please make sure that your referral is submitted before the deadline.**

\*Is the young person currently receiving any support or on the waiting list for Specialist Children and Young People's Mental Health Services? ⓘ

☐ Yes

☒ No

\*Is the young person aware of the referral being sent through to the service?

☒ Yes

☐ No

Please confirm the date of birth for the young person you wish to refer

This service is suitable for ages 11-15

\*Date of Birth

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## Page 2 - consent and yp name

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### Young Person Support Offer 11-15 years

\*Data primary parent/carer written consent received by school ⓘ

Complete this field.

\*Young person's first name

\*Young person's preferred first name ⓘ

Young person's mobile number

\*What school year is the young person currently in?

☐ Year 7

☐ Year 8

☐ Year 9

☐ Year 10

☐ Year 11

☐ Other

\*Has the young person received support before from the Schools and Colleges Early Support Service?

☐ Yes

☐ No

\*Young person's last name

\*Young person's preferred pronouns

☐ She/Her

☐ He/Him

☐ They/Them

☐ Prefer not to say

☐ Other

\*Young person's school/college email address

you@example.com

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# Page 3 - yp experiences and presentation

All Referrals Pending Referrals Self-Referrals New Referral

The service we provide supports young people experiencing mild to moderate anxiety and/or low mood.

\*Reason for Referral

Complete this field

Mild to moderate anxiety and/or low mood, might look and feel like some of these things listed below:

Please choose all options that apply to the person.

Click one option at a time from the left, and use the **→** arrow between columns to add it to the selected values on the right.

If you add an option to the right column in error, you can use the **←** arrow to move it back.

Current/Recent Issues

Available

Having trouble relaxing  
Trouble with sleeping  
Feeling nervous a lot of the time  
Becoming easily annoyed  
Feeling unsettled and fidgety  
Losing interest in doing anything  
Changes in appetite  
Feeling afraid like something bad is going to happen  
Worrying a lot of the time  
Loss of confidence

Chosen

\*How do the issues listed in the questions above impact the young person both in their home and at school?

\*How long has the young person been experiencing difficulties with their mental health?

☐ 2-3 Weeks  
☐ 4-6 Weeks  
☐ 7-8 Weeks  
☐ 10 Weeks or more

\*Has the young person previously accessed support with other services?

☐ Yes  
☐ No

Is the Young Person currently receiving any support or on the waiting list for another service for their mental health and wellbeing?

☐ Yes  
☐ No

\*Are other agencies currently involved with this young person?

☐ Yes  
☐ No

\*What are the young person's expectations of this support from the Schools and Colleges Early Support Service?

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# Page 4 - equality & diversity information

All Referrals Pending Referrals Self-Referrals New Referral

## Equality and diversity Information

We try to monitor how we work with people from all backgrounds and cultures, namely to gauge who we are reaching and whether any group is disadvantaged in access to our services.

Providing this information is optional and if the young person chooses not to tell us this, they will not be at a disadvantage.

\*What is the young person's sex?

☐ Male  
☐ Female  
☐ Prefer not to say  
☐ Other

Young person's broad ethnic group

--None--

Young person's ethnic group

--None--

\*What is the young person's religion?

☐ No Religion  
☐ Christian  
☐ Buddhist  
☐ Hindu  
☐ Jewish  
☐ Muslim  
☐ Sikh  
☐ Prefer Not to Say  
☐ Other

\*Does the young person consider themselves as having a disability or illness lasting, or expected to last, 12 months or more?

☐ Yes  
☐ No  
☐ Prefer not to say

\*English the young person's first language?

☐ Yes  
☐ No  
☐ Prefer not to say

\*Does the young person have caring responsibilities for a sibling, parent/carer, or another person in their household?

☐ Yes  
☐ No  
☐ Unsure  
☐ Prefer not to say

\*Has the young person had experience of being in the care of the local authority for more than 24 hours?

☐ Yes  
☐ No  
☐ Unknown  
☐ Prefer not to say

\*Does the young person have an Education & Health Care Plan (EHCP)?

☐ Yes  
☐ No  
☐ Prefer not to say

\*Is the young person eligible for free school meals?

☐ Yes  
☐ No  
☐ Prefer not to say

To progress from this page, please ensure the ethnic group fields are completed

# Page 5 - parent or carer details

All Referrals Pending Referrals Self-Referrals New Referral

## Primary parent/carer details

\*Primary parent/carer's first name

\*Primary parent/carer's preferred first name

\*Primary parent/carer's relationship to young person

--None--

\*Primary parent/carer's last name

\*Primary parent/carer's mobile number

\*Primary parent/carer's email

you@example.com

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# Page 6 - scheduling & accessibility

All ReferralsPending ReferralsSelf-ReferralsNew Referral

▼Scheduling and Accessibility

We can only provide sessions within school/college safeguarding hours and within our session delivery hours (Monday-Thursday 8am-6pm, and Friday 8am-3pm). Offering only limited availability will very likely mean there will be a delay in starting sessions. The sessions are booked at the same time and day each week. The parent/carer must attend the first session. If in school time, the school must provide a device with microphone and camera in a quiet room.

Availability

\*What time is the young person available to have sessions?

Not Available

\*What time is the young person not available to have sessions?

\*What is the school preference for when sessions take place for this young person?

\*Does the young person have any accessibility requirements to be able to access the service? ⓘ

\*Is there anything else you want to tell us about the young person and their referral?

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Submit