**Emotional Wellbeing Team (EWT)**

Request for Support: Parent

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| **Section 1** | **My Child** |
| **\*Name:**  (First name) (Last name) | M [ ]  F [ ]  Other [ ]  | **\*Date of Birth**:  |
| Name of School/College: Other:Year:Name of preferred staff contact at school: |
| Home Language: | Interpreter required: [ ]  Yes [ ]  NoPlease specify which language:  |
| Religion: | Nationality: | Ethnicity: |
| **Section 2** | **Details of parent/carer completing this form** |
| Parent / Carer’s Name:  | Home Language: Interpreter required: [ ]  Yes [ ]  NoPlease specify which language:  |
| Relationship to child:  |
| **\*Home Address:**  **\*Postcode:**  | **\*Telephone:**  |
| **\*Mobile:**  |
| **\*Email:**  |
| My preferred method of contact:  | Letter [ ]  | Phone [ ]  | Text [ ]  | Email [ ]  |
| **Section 3** | **Which type of support are you interested in? (Please tick one box only.)** |
| [ ]  | I would like support with my child’s behaviour (for school age children up to 8 years old) | [ ]  | I would like support with my child’s anxiety/worry (eg feeling stressed, worries about family or friends) | [ ]  | I am interested, but would like more information first. Please can I receive a telephone call/meet with you to find out if this is right for me? |
| [ ]  | I am not interested in one-to-one support but here are some suggestions of support that the Emotional Wellbeing Practitioners (EWP) could offer in our school: | [ ]  | I am interested in: |

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| **Section 4** | **Is there anything else you would like to tell us?** |
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| **Section 5** | **What happens next?** |
| Please return this form to the Emotional Wellbeing Team (EWT) via: |
| Someone from the team will contact you within 2 weeks to arrange to discuss your Request for Support and to hear more about how you hope the Emotional Wellbeing Team (EWT) can help you.  |

*Please note that this form should* ***not be used*** *if you are in need of immediate help or support regarding your child’s emotional wellbeing or mental health.*

*If you require urgent help or support regarding your child’s emotional wellbeing or mental health that is not indicated on this form, please call: 0300 123 4496*

*For online resources supporting emotional wellbeing and mental health please visit:*

[***www.headstartkent.org.uk***](http://www.headstartkent.org.uk)

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| EWP use only |
| Date form received by EWP at school: |