**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  No  Please specify which language: | | | | | | | | | | | | | | |
| Religion: | | | Nationality: | | | | | | | | | | Ethnicity: | | | | |
| **Section 2** | | **Details of parent/carer completing this form** | | | | | | | | | | | | | | | |
| Parent / Carer’s Name: | | | | | | | | Home Language:  Interpreter required:  Yes  No  Please 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: |