**Emotional Wellbeing Team**

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: | | | | | | | | | | | | | | | | | | |
| What are your hopes when filling in this form? | | | | | | | | | | | | | | | | | | |
| What does your child/young person think/feel about the request for support?  (if possible can they draw or write one or two things) | | | | | | | | | | | | | | | | | | |
| Home Language: | | | Interpreter required:  Yes  No  Please specify which language: | | | | | | | | | | | | | | | |
| Religion | | | No religion  Christian  Buddhist  Hindu  Jewish  Muslim  Sikh  Any other religion | | | | | | | | | | | | | | | |
| Ethnicity | | | White:   * + English, Welsh,   Scottish, Northern Irish  or British   * + Irish   + Gypsy or Irish Traveler   + Any other White background   Mixed or Multiple ethnic groups:   * + White and Black Caribbean   + White and Black African   + White and Asian   + Any other Mixed or Multiple   + ethnic background | | | | | | | | | Asian or Asian British:   * + Indian   + Pakistani   + Bangladeshi   + Chinese   + Any other Asian   background  Black, African, Caribbean or Black British:   * + African   + Caribbean   + Any other Black,   African or Caribbean background  Other ethnic group:   * + Arab   + Any other ethnic group | | | | | | |
| **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: | | | | | | | | | | | | | | | | | | |
| Names of other services supporting your family: | | | | | | | | | | | | | | | | | | |
| Home Address:      Postcode: | | | | | | | | | | | | | | Telephone: | | | | |
| Mobile: | | | | |
| Email: | | | | | | | | | | | | | | | | | | |
| My preferred method of contact: | | | | | Letter | | | | | Phone | | | | | Text | | | Email |
| **Section 3** | | **Consent** | | | | | | | | | | | | | | | | |
| I am consenting on behalf of my Childs/Young Person to receive support from NELFT Emotional Wellbeing/Mental Health Support Team.  I also consent to the following:  I do consent I do not  For work to be carried out via video where required (e.g. Microsoft Teams/ Zoom etc)  For the School to be aware and to support the work  For other agencies supporting our family to be contacted  Signed ……………………………………………………………Dated………………………………….. | | | | | | | | | | | | | | | | | | |
| **Section 4** | | **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 could offer in our school: | | | | | | | |  | | I am interested in:  Helping your child with fears and worries parent group | | | | | | | |

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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 team 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 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*

*Single Point of Access: 0800 011 3474 or seek Emergency Services.*

*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: |