**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 [ ]  NoPlease 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 [ ]  NoPlease 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: |