**Education Emotional Wellbeing Practitioner referral**

*(EEWBP - part of the Education Psychology Team)*

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| * **Please complete this form** * **Ensure the parents/carers agree to the contents by asking them to sign section 12** * **Scan all pages and submit this document securely to:** [EdEmotionalWellbeing@bradford.gov.uk](mailto:EdEmotionalWellbeing@bradford.gov.uk) |

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| Section 1: Information |
| * The Education Emotional Wellbeing Practitioners (EEWBP) support children in school as a response to the COVID-19 recovery. * Please complete this form to enable the EEWBP to become involved with an individual child or young person aged 0-25. A consent form will be required for each child. * The information you provide will help us to decide the most appropriate way to address the situation. Ideally this consent form should be completed by school/setting staff and parents/carers working together (and Child/Young Person). * In order to be valid this form must be signed by a parent or carer. |

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| Section 2: Referrer Details You may be contacted for more information about the referral | |
| Name: | Job Title: |
| Organisation: | Contact Number: |
| Email: | |
| Link EEWBP (if known): | |
| Name of school Mental Health Champion: | |
| Has the young person and parent/guarding been informed that a member of the EEWB Team will be contacting them in relation to this referral? Yes  No | |

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| Section 3: Young person’s details | |
| First name(s): | Surname: |
| Address and postcode: | |
| Date of Birth: | School Year: |
| Gender Identity:Male  Female  Mx | Ethnicity: |
| Accessibility needs: | |
| Interpreter required: | Language incl. signing: |

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| Section 3a: Young person’s contact details Secondary school age |
| Home telephone number:       Mobile Number:       please mark preferred |
| Email: |

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| Section 4: Parent / carer / guardian | | |
| Full Name: | | Relationship to YP: |
| Address and postcode, if different from above: | | |
| If different form above + please mark preferred:  Home telephone number:       Mobile Number: | | |
| Email: |  | |
| Full Name: | | |

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| Section 5: School Based Support | | | |
| Is the child / young person on the SEN register?Yes  No  If yes, what support is the child / young person receiving? (details how much and how often) | | | |
| What other in school support have they received so far (details how much and how often) | | | |
| Does the child / young person have an Education Health & Care plan or My Support Plan\*? If yes please submit a copy with this referral. Mark if you have the below: | | | |
| Education Health & Care plan\* |  | My Support Plan\* |  |

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| Section 6: Reason for referral / presenting needs (Covid-19 Onset) | | | |
| Please select the primary reason for referral: | | | |
| Anxiety / Worry |  | Low Mood |  |
| Phobias |  | Self-harm behaviours |  |
| Relationship difficulties |  | Behavioural |  |
| Self-care issues |  | Attendance |  |
| Other (Covid-19 related issues) |  |  | |

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| Section 7: Information |
| What is the particular issue that has led you to request EEWBP involvement? (What does it look like? How often does it occur?) |
| How long has the issue been going on and how often is it happening? |
| What have you done so far to respond to this issue? |

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| Section 8: Clarification | | | |
| What needs to happen to improve things for the child / young person, what are their goals? (mark all that apply) | | | |
| Reduce loneliness or isolation |  | Increase confidence, self-esteem |  |
| Build & maintain positive relationships |  | Build strong network of support |  |
| Develop hobbies / interests |  | Self-manage emotional wellbeing |  |
| Other (please describe) |  |  | |
| What are you hoping will be the outcome from involving the EEWBP? | | | |

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| Section 9: Other Support | | |
| Please give details of all other support received by the young person/family currently or within the last 12 months:  Complete as much information as you can in the below box: | | |
| Worker Name | Organisation/Service | Contact Number |
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| Please give details of work completed with any of the above services including any previous therapeutic involvement: | | |

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| Section 10: Risk assessment and the management of - current and relevant historical risks. |
| Have there been any concerns about the young person? (substance use/ self-harm/ suicidal / self-neglect/ risk to others/ risk from others) Yes  No  If yes, please describe and detail actions taken:    Protective/mitigating factors: |

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| Section 11: Data Security |
| * As part of our work we keep records, some of which are held on computer. These records contain personal information, such as name, and date of birth, plus the information we collect. * Your data is stored in accordance with Bradford MDC’s Data Protection Guidance. * Full details of this, how you data is used and your statutory rights is found here: <https://www.bradford.gov.uk/open-data/data-protection/education-and-learning-privacy-notice/> |

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| Section 12: Parental consent | |
| * I give my consent for information about the child/young person in my care to be shared with the EEWBP and the wider EPT. * I give my consent for members of the EEWBP and the wider EPT to observe and work with the child/young person in my care. * I give my consent for information and recommendations resulting from the involvement of the EEWBP and the wider EPT to be shared with other professionals who are involved with the child/young person in my care. * I give consent for my data to be stored in accordance with the above regulations.   Signature giving parental consent is preferable. If this isn’t possible please either obtain an email or text from the parent which is then submitted with this form – see below for further details: | |
| *Option 1 Signature (preferred option)*  Parent/Carer signature: ……………………………………………………… Date: ……………………………. | |
| *Option 2* Email consent - Yes  Name of parent / carer who gave consent:  Relationship to young person:  The email from parent giving consent MUST be sent in with the consent form on the same email.   * You can do this by  1. scanning in this document and email together (with the email at the end). 2. attaching the email and this form to one email. 3. clicking forwarding on the parent reply and then attaching this form | |
| *Option 3 Text* consent - Yes  Name of parent / carer who gave consent:  Relationship to young person:  The text from parent giving consent MUST be sent in with the consent form on the same email.   * You can do this by  1. taking a photograph of the text 2. attaching the picture of the text and this form to one email. | |
| Other: |  |

**Submit this document securely to:** [EdEmotionalWellbeing@bradford.gov.uk](mailto:EdEmotionalWellbeing@bradford.gov.uk)

Please direct all queries for this service to the above email address in the first instance.

To contact the service by phone 01274 439444 and state it is for the Education Emotional Wellbeing section.