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| EEWBP Initials  (EPT/admin only) | **Parent/Carer Consent Form**  **Education Emotional Wellbeing Practitioner**  (EPT Team)  Margaret McMillan Tower,  Princes Way, BRADFORD, BD1 1NN  Telephone 01274 439444 | CBMDC-colour-RGB - smaller |
| 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: | |

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| Section 3: Young person’s details | |
| First name(s): | Surname: |
| Address:  Postcode: | |
| Preferred Contact: Home Phone  Mobile  Email: | |
| Home Number: | Mobile Number: |
| Email: | |
| Date of Birth: | School Year: |
| Gender Identity: | Language incl. signing: |
| Ethnicity: | Interpreter required: |
| Accessibility needs: |  |

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| Section 4: Parent / carer / guardian | |
| Full Name: | |
| Address, if different from above:  Postcode: | |
| Contact Number: | Relationship to YP: |
| Email: |  |
| Full Name: | |
| Address, if different from above:  Postcode: | |
| Contact Number:  Email: | Relationship to YP: |

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| School Based Support | | | |
| Is the child / young person on the SEN register?  If so, 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 CYP have an Education Health & Care plan or My Support Plan\*? Tick below. | | | |
| Education Health & Care plan\* |  | My Support Plan\* |  |

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| Section 5: 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 6: 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 7: Clarification | | | |
| What needs to happen to improve things for the child / young person, what are their goals? (tick 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 8: Other Support | | |
| Please give details of any other support received by the young person/family currently or within the last 12 months: | | |
| 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 9: Risk assessment and management |
| When completing this section, please think about current and relevant historical risk. |
| Have there been any safeguarding 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 10: 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 11: Consent and declaration | |
| * Please sign and date below to confirm that you have explained the EEWP referral process to the young person and parent/guardian and that all the information provided on this form is accurate and up to date. * I give my consent for information about the child/young person in my care to be shared with the EEWBP. * I give my consent for members of the EEWBP to observe and work with the child/young person in my care / in school. * I give my consent for information and recommendations resulting from the involvement of the EEWBP to be shared with other health 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. | |
| Name of parent / guardian who gave consent: | |
| Relationship to young person: | Date consent gained: |
| Is there parental consent for enquiry / onward referral to other agencies? Yes  No | |
| 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 | |
| Please send complete referral to email: [EdEmotionalWellbeing@bradford.gov.uk](mailto:EdEmotionalWellbeing@bradford.gov.uk) | |
| Evaluation:   * Did the EEWP team do what we said we would do: * Did this make an impact on the Child/Young Person? * Would you recommend the service to another colleague / school? | |

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| EPT admin use only   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | EEWP |  | Logged on Capita? |  | File on Civica? |  | |