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**Confidential Request for Support Form**

**Our Voice Project**

 Child/Young Person’s Details

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| --- | --- |
| Name: | DOB: |
| Address:Postcode:School attended:  | Age: |
| Mobile number:(if appropriate) |

Young Person Consent for Referral: Yes/No

Guardian Consent for Referral (if required): Yes/No

Parent/person holding parenting responsibility consent: Yes/No Parent/Guardian Details

|  |  |
| --- | --- |
| Name: | DOB: |
| Address (if different from above)Postcode: | Telephone: |
| Email address: |

Referrer Details

|  |  |
| --- | --- |
| Name: |  |
| Agency: |  |
| Position: |  |
| Address:Postcode: | Telephone: |
| Email address: |
| Date of referral:  |  |

Social Worker Details

|  |  |
| --- | --- |
| Name: | Telephone: |
| Email:  |

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| **What is CYP ethnicity?**  |
| Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which the individual perceives they belong to. Please indicate by ticking the appropriate box below. |
| **Asian/Asian British**  |
| Indian  |  | Bangladeshi  |  |
| Pakistani |  |
| Chinese  |  |
| Any other Asian background  |  |
| **Black/African/Caribbean/Black British**  |
| African  |  | Caribbean  |  |
| Any other Black/African/Caribbean/Black British  |  |
| **Mixed/Multiple Ethnic Groups**  |
| White and Black Caribbean  |  | White and Black African  |  |
| White Asian  |  | Any other mixed background  |  |
| **White**  |
| English  |  | Welsh  |  |
| Scottish  |  | Northern Irish  |  |
| Irish  |  | Gypsy or traveller  |  |
| Other white background |  |
| **Other ethnic group**  |
| Arab  |  | Any other ethnic group  |  |
| Prefer not to say  |  |

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| --- |
| **Please describe CYP gender**  |
| Female  |  | Male  |  |
| Prefer not to say  |  |

About the child/young person:

|  |  |
| --- | --- |
| Does the CYP have any identified health needs? e.g. ADHD, learning difficulties   |  |
| Is the CYP in their permanent placement?  | Yes/No |
| How long has the CYP been in this placement? |
| What work has already been undertaken with the CYP/Family/Foster Carers?  |
| Is the CYP currently accessing support around their emotional health and wellbeing e.g.Please detail below:  | Yes/No |
| Details of other agencies involved?Please detail below as applicable: GPCAMHS Key working serviceCommunity Paediatrician Speech and language Other- please state  | Yes/No |
| Is the CYP displaying any self-harming behaviours?If Yes please provide detail (severity/duration): | Yes/No |
| Is the CYP experiencing suicidal ideation?If Yes please provide detail (plan/intent/history): | Yes/No |
| Reason for referral: |
| What is the desired outcome you would like the CYP to achieve from this support?What would the CYP like to receive support with?  |
| Please attach recent care plans/children and family assessments, copy of SDQ and current score or provide full details on background of the CYP.  |
| Does the CYP consent to the Care Plan being shared with their social worker and health professionals involved in their care? e.g. GP, CiC Nurse.  | Yes/No |

**PLEASE RETURN THIS REFERRAL FORM TO:** EHWBReferrals@canw.org.uk