Compass REACH supports **children and young people aged 9 – 19** (up to 25 for those with special educational needs or disabilities) with **mild to moderate emotional wellbeing and mental health** issues.

Our dedicated team of **Emotional Wellbeing Practitioners** provide time-limited one-to-one or group work sessions (usually around six), these are designed to support children and young people make improvements to their long-term **health, resilience, and emotional wellbeing**.

If you have any difficulty, or need support completing this form, please contact us on **01904 661916** and we will be happy to help in any way we can.

So that we can make sure you get the right help we need to know a little bit more about your child.

**Who is making this referral?**

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| I am the parent/carer or significant other of the **child/young person** Yes [ ]  |
| Does the child/young person agree to this referral?Yes [ ]  No [ ]  |

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| Details of the **child/young person**  |
| Name  |  |
|  Address and postcode |  |
| Contact phone number |  |
| Date of Birth |  | Age |

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| --- |
| Details of **parent/carer** or significant other |
| Name  |  |
|  Address and postcode |  |
| Contact phone number |  |

|  |  |
| --- | --- |
| Name of G.P surgery |  |
| Name of school/college  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please provide some additional information about what your child/young person would like support with:Please indicate what the main problem seems to be:

|  |  |
| --- | --- |
| Stress |[ ]  Feelings of anger |[ ]
| Bullying |[ ]  Self-harm | [ ]  |
| Anxiety |[ ]  Body image |[ ]
| Low mood |[ ]  Eating problem |[ ]
| Self-esteem |[ ]  Bereavement/loss |[ ]
| Social Isolation |[ ]  Suicidal thoughts |[ ]
| Other (please give details): |

On a scale of 1 – 10, please indication how much this problem impact on the child/young person’s ability to go about their day-to-day life:1 being not at all, and 10 being very much Not at all Very much |

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| **Consent Statement** |
| By completing and submitting this form you are giving your consent for Compass to store the information held on this form on a secure database. |

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| Please email your completed Request for Support form to: **nyrbs@compass-uk.org**Once in receipt of your email Compass store client information securely however Compass cannot accept responsibility for the security of your details while the email is in transit. |