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 |

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

|  |  |
| --- | --- |
| 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. |