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| 1. **Privacy Notice Statement & CONSENT**
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| **Please note by completing this referral, Compass will expect the following (please tick to confirm):** 1. This referral has been discussed and agreed by the person requesting support [ ]
2. You consider the person to have capacity to give informed consent [ ]
3. You have explained that any information held on this form will be stored by Compass on a secure database [ ]

**If the referral is for a young person:**1. Does the parent/carer (if under 16) or young person, consent to Compass contacting other agencies to discuss the referral if required? Yes [ ]  No [ ]
2. Does the child/young person consent to us contacting their parent/carer?Yes [ ]  No [ ]

**PLEASE NOTE: This referral will not be processed if any of the boxes above have not been completed or consent is not signed.**Signed by - Referrer: ……………....… Referred person: …………....….. Parent/carer (if applicable): …………..….... |
| Compass Be works with children, young people, families, and schools to provide low intensity one-to-one interventions (8 – 10 sessions) and group work for mild to moderate emotional health and wellbeing needs and those who experience higher levels of distress following a bereavement.To make a referral to Compass Be please note the following inclusion and exclusion criteria. Compass Be, **can** support children and young people with (please tick those that apply): [ ]  Bereavement.[ ]  Low mood: sadness, low motivation [ ]  Mild to moderate anxiety: worries, irrational fears, and concerns [ ]  Common challenging behaviours; angry outbursts, pushing boundaries, frustration, and distress.[ ]  Family and peer relationship difficulties [ ]  Difficulty adjusting to change and transition. [ ]  Difficulty managing emotions.Compass Be **cannot** provide bereavement support to children, young people and adults who:* Have a clinical diagnosis of ‘clinical’ depression, severe anxiety, Obsessive-Compulsive Disorder (OCD), schizophrenia, eating disorders, psychosis.
* Have self-harmed long term and currently experiencing suicidal thoughts/behaviours.
* Have a moderate – severe learning disability.
* Are requiring long-term therapy.
* Are in crisis or requiring out of hours support.

**PLEASE NOTE**:If you are unsure whether a child, young person or adult would benefit from Bereavement Support please call our duty team on **01904 666371** (Monday – Thursday 9am to 4.30pm / Friday 9am to 4.00pm). |
| 1. **REFERRER DETAILS**
 |
| Name: | Relationship to the referred person: |
| Organisation (if applicable): |
| Address: |
| Contact phone number:  |
| Email address: |
| Have you spoken with a MHST link worker or duty worker? Yes ☐ Who?........................... No ☐  |
| How did you hear about Compass Be? |
| 1. **ABOUT THE REFERRED PERSON**
 |
| Full name: | Preferred name/pronoun: |
| Address:  |
| Mobile phone number/landline number:  |
| Date of birth: | Age: |
| Gender:  | Religion: |
| Ethnicity: [ ]  White British [ ]  White other [ ]  Mixed [ ]  Asian or Asian British [ ]  Black or Black British [ ]  Other Ethnic Groups [ ]  Not known [ ]  Other If other, please specify: ……………….…………………………. | Main Language:Is an interpreter required? Yes/NoDocuments required in main language? Yes/No |
| Next of Kin: |
| Accommodation status: (i.e. living with parents, living with relatives, fostered, adopted, independent living) |
| Are there any methods by which the child/young person does NOT want to be contacted? (Unless stated otherwise we will call, text, email and send letters when relevant) |
| 1. **CONTACT DETAILS OF PARENT/CARER (if applicable)**
 |
| Name: | Relationship: |
| Address: |
| Phone number: |
| Email address: |
| Is an interpreter required? | Is an interpreter required? |
| Are there any methods by which the parent/carer does NOT want to be contacted? (Unless stated otherwise we will call, text, email and send letters when relevant)  |
| 1. **SCHOOL/COLLEGE DETAILS (if applicable)**
 |
| Name of the school:  |
| Year group:  |
| Name of key contact / member of staff at school:  |
| 1. **GP DETAILS**
 |
| GP Name: |
| Name and Address of G.P Surgery: |
| Phone Number: |
| Email address: |
| 1. **DOES THE PERSON BEING REFERRED HAVE ANY ADDITIONAL NEEDS**
 |
| Child protection plan | Yes [ ]  No [ ]  Don’t know [ ]  |
| Child in need | Yes [ ]  No [ ]  Don’t know [ ]  |
| Early Help | Yes [ ]  No [ ]  Don’t know [ ]  |
| Elected Home Educated  | Yes [ ]  No [ ]  Don’t know [ ]  |
| LAC/Care Leaver  | Yes [ ]  No [ ]  Don’t know [ ]  |
| Young Carer  | Yes [ ]  No [ ]  Don’t know [ ]  |
| Excluded / at risk of  | Yes [ ]  No [ ]  Don’t know [ ]  |
| Substance Misuse  | Yes [ ]  No [ ]  Don’t know [ ]  |
| NEET | Yes [ ]  No [ ]  Don’t know [ ]  |
| Special Educational Need or Disability (SEND)  | Yes [ ]  No [ ]  Don’t know [ ]  |
| Physical health needs (including allergies)  | Yes [ ]  No [ ]  Don’t know [ ]  |
| Education Health and Care Plan (EHCP)  | Yes [ ]  No [ ]  Don’t know [ ]  |
| If any of the above are YES, please provide more details:  |
| 1. **ABOUT THE LOSS**
 |
| Who has passed away: | Relationship to referred person: |
| Date of the loss: | Circumstances around the loss: |
| 1. **Please PROVIDE DETAILS OF THE DIfficulties BEING experiencED FOLLOWING THE LOSS:**

(What is the reason for referral? What is the impact of this? What has been tried before?) |
|  |
| 1. **WHAT WOULD THE REFERRED PERSON LIKE TO ACHIEVE FROM THE SUPPORT?**
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|  |
| 1. **ARE YOu AWARE OF ANY CURRENT PERSON/FAMILY OR PREVIOUS RISKS WITH THe referred person?**

(Please include risk to self, others and/or safeguarding concerns, appropriate for home visits.Please attach any current or previous risk assessment if applicable) |
|  |
| 1. **Please list any other agencies involved in supporting ther referred person**(Please list contact names/numbers if known)
 |
| Current support: | Previous support (including dates): |
| ONCE COMPLETE PLEASE SEND THE COMPLETED FORM TO: |
| **Secure\* email address:** **info**.**barnsleymhst@Compass-uk.org**\*NB In order for this to remain secure please use an EGRESS email address to send the referral if possible**Postal address:**Compass Be Unit 15 Churchfield Court, Barnsley, South Yorkshire, S70 2JT |