Compass Phoenix offer support and interventions for children and young people aged 9-19 (and up to 25 for those with special educational needs or disabilities) who are experiencing mild to moderate mental health difficulties. Support for key stages 3 and  above is predominantly delivered via virtual groups, and for those under 13 we offer a digital platform. 1:1 interventions are delivered by exception where appropriate.

In order for referral to be accepted the young person must meet *at least one* of the following criteria:

* Reside in North Yorkshire (excluding the city of York)
* Registered with a GP in North Yorkshire
* Enrolled in an education setting within North Yorkshire

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| **CONSENT** |
| **A request for support can be made by young people 13 years and over. For young people under 13 years the request for support must be made by a parent/carer.**  **Information held on this form will be stored by Compass on a secure database and by submitting this request for support you are consenting to this.**  **This request for support has been discussed and consent obtained from the young person if over 13 years: Yes  No**  **If you are 13 years or over is your parent/carer aware of the referral? Yes ☐ No ☐**  **If you are 13 years or over, do you consent to us contacting parent/carer? Yes ☐ No ☐**  **(Please be aware that in the event of safeguarding concerns contact will be made with parent/carer)**  **If the boxes above have not been completed and/or the consent is not given, the form cannot be processed and will need to be returned to you** |

**Please ensure that all mandatory fields\* are completed before submitting the referral as we are unable to process referrals without this information.**

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| **WHO IS MAKING THIS REFERRAL?** | | | |
| **Name:** | | **Relationship to young person:** | |
| **CONTACT DETAILS OF THE YOUNG PERSON** | | | |
| **Legal name\*:** | | **Preferred name/ pronoun:** | |
| **Address & postcode\*:** | | | |
| **E-mail address:** | | | |
| **Telephone number:** | | | |
| **Date of birth\*:** | | **Age:** | |
| **Gender Assigned at Birth\*:** | male / female  (delete as appropriate) | **Gender Identity:** | male / female / transgender / non-binary/ I describe myself in some other way / prefer not to say (delete as appropriate) |
| **Ethnicity:** | | | |
| **Correspondence will be by e-mail, telephone or letter unless you state otherwise:** | | | |
| **CONTACT DETAILS OF PARENT/ CARER or SIGNIFICANT OTHER** | | | |
| **Name including title\*:** | | **Relationship to young person:** | |
| **Address & postcode (if different to the young person)\*:** | | | |
| **E-mail address\*:** | | | |
| **Telephone number\*:** | | | |
| **EDUCATION DETAILS** | | | |
| **Name of the education setting or other provision\*:** | | | |
| **Name of key contact / member of staff:** | | | |
| **Contact telephone number:** | | **Email address:** | |
| **GP DETAILS** | | | |
| **Name of G.P surgery\*:** | | | |

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| **Phone Number:** | **Email address:** |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | Stress |  | Feelings of anger |  | | Bullying |  | Self-harm |  | | Anxiety |  | Body image |  | | Low mood |  | Eating problems |  | | Self-esteem |  | Bereavement/loss |  | | Social isolation |  | Suicidal thoughts |  | | Other (please give details):  **Please give a brief description about what you would like support with:** | | | |   **Please tick any other problems:** | |
| **On a scale of 1 – 10, please indicate how much this impacts on your ability to go about your day-to-day life:**  1 being not at all, and 10 being very much |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  | |  |  |  |  |  |  |  |  |  |  |  |  | |
| Not at all Very much |

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| **Please email your completed Request for Support form to: phoenix@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.** |