

Information for Parents and Carers

We are mental health practitioners who are trained to work with children and young people and belong to the Sutton Education Wellbeing Service. We work with lots of schools across Sutton and can offer a range of services to support you and/or your child's emotional and mental health. This includes feelings of low mood, anxiety, low self-esteem, stuckness, relationship challenges, social/academic pressure, loss, identity confusion and/or transitions.

Please complete all questions on this digital form, if possible.

Section 1 (pages 1 and 2) requests information about you and your child, the support they have received and difficulties they are experiencing in relation to their emotional and mental health.

Section 2 (page 3) is completed by a school staff member known to your child.

Any additional information can be filled on page 4.

By completing this application form, our team will tailor support around the information provided by you. You will be contacted to arrange a time to discuss the support we can offer and check we are the right service for you and/or your child. Sessions offered will take place in school and during school time for safeguarding reasons.

Please note, this service is not for children who are already receiving help from mental health services elsewhere.

**Please return our forms to:
referralsSuttonEWS@swlstg.nhs.uk**

Sutton Education Wellbeing Service

ABOUT YOU AND YOUR CHILD

Full Name of Child

NHS number :

Date of Birth :

Gender : Male Female

Ethnicity :

1st Language :

Interpreter Required

School :

Year Group :

Name of Parent/Carer :

Your relation to Child :

Phone No :

E-Mail :

Address :

Postcode :

Child's GP Name & Address :

Consent to inform and share information with GP on Sutton Education Wellbeing Service Intervention

Any identified conditions/diagnosis :

YOUR CHILD'S EXPERIENCE OF MENTAL AND EMOTIONAL DIFFICULTIES

Brief description(s) of the difficulties your child is experiencing.

Please include the duration and the impact of these difficulties on your child's everyday life.

External difficulties that might impact your child.

(e.g. parental relationship difficulties, recent bereavements, family mental health or other changes)

Strategies you tried to help with your child's difficulties.

Please also include support from other services and other help being received by you/your family.

Experience of other support services:

Print name :

Date :

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Looked-after child

Yes No

Known to Children's Services

Yes No

Signature

Note: Additional information sheet provided on the page 4.

For Parents/Carers :Please tick this box if you are not comfortable with a member of school staff filling in the information on this page **INFORMATION FROM YOUR CHILD'S SCHOOL****Staff Member Completing Form**

Date :

Staff Member Role

Please provide your view of the difficulties this child has been experiencing, including any impact on their life in school.
(e.g. in terms of attendance, attainment, behaviour or socially)

Has any support been offered to help with these difficulties at school?

Please describe and report any progress

Any other circumstances that might impact or inform our intervention?

Is there any previous agency involvement including any referrals to children's safeguarding?

(E.g. SENDMH needs, current or historic safeguarding concerns, child/family circumstances or changes)

Please confirm that parental consent has been attained for this application

Yes No

I confirm that the parent completed/was involved in completing this application

Yes No

To our knowledge, this child is not already receiving support from other mental health services

Yes No

THANK YOU FOR YOUR INFORMATION

Please return this completed application form to a member of staff in your school

ADDITIONAL INFORMATION

For extra comments or responses:

(Please use your initials before writing)

THANK YOU FOR YOUR INFORMATION

Please return this completed application form to a member of staff in your school


South West London and
St George's Mental Health
NHS Trust

 **Cognus**
No Limits on Learning

 **Are you OK
Sutton?**