

Information for Young People

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 your 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, the support you have received and difficulties you are experiencing in relation to your emotional and mental health.

Section 2 (page 3) is optional and completed by a school staff member known to you.

Any extra information can be filled on page 4.

By completing this application form, our team will tailor support around the information provided by you. We will then contact you to arrange a time to discuss the support we can offer and check we are the right service for you. Sessions will take place in school and during school time for safeguarding reasons.

If you are 15 or under, we will inform your parents or carers of the application, as well as welcome them to join some sessions if you would like them to. The sessions are confidential and we will speak with you about what this means.

Please note, this service is not for young people who are already receiving mental health support elsewhere.

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

Sutton Education Wellbeing Service

ABOUT YOU

Full Name

NHS number :

Date of Birth :

Gender :

Ethnicity :

Address :

Postcode :

Mobile :

E-Mail :

School :

Year Group :

Discussed with your parent/carer about this service

Yes No

Parent/carer contact details

(If you are 15 yrs or under, we need to inform your parent/guardian you have applied for this service)

Name :

Email :

Mobile :

For parent/carer attend some sessions with you

Yes No

GP Name & Address :

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

Any identified conditions/diagnosis :

YOUR EXPERIENCE OF MENTAL AND EMOTIONAL DIFFICULTIES

A brief description(s) of the difficulties you're experiencing.

Please include how long you've been experiencing them for and the impact the difficulty have on your everyday life.

Other things you think would be helpful for us to know.

(e.g. parental relationship difficulties, recent bereavements or other changes in circumstances)

Please list the strategies you have tried, and its effect on you.

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 Young Person :Please tick this box if you are not comfortable with a member of school staff filling in the information on this page **ADDITIONAL SCHOOL INFORMATION****Staff Member Completing Form**

Date :

Staff Member Role

Please provide your view of the difficulties this young person is 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
(only for pupils 15 or under)

 Yes No

I confirm that the young person completed/was involved in completing the application form

 Yes No

To our knowledge, this young person 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

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

Cognus
No Limits on Learning

**Are you OK
Sutton?**

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

