North Lincolnshire Council

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Rotherham Doncaster and South Humber NHS Foundation Trust

Request Form for Mental Health and Emotional Support for Children and Young People Attending North Lincolnshire Special Schools and / or with a moderate / severe learning disability in post-16 provision or mainstream school (*CAMHS or / and Emotional Health and Wellbeing Team*)

Date: Reason for Referral: Direct Support Consultation:

Section 1 - Name and details of the Child/Young Person or Student for whom this request is made:-	
Name	
Date Of Birth	
SCHOOL	
GP	
NHS Number	
Gender identity	(please state)
Sex assigned at birth	Male ☐ Female ☐ Other ☐ Decline to answer ☐
Ethnicity	
Child/Young Persons method of communication	(please state)
Address of Child/ Young Person	
Name and Telephone number of Parents/Carers with responsibility	
Previous School / settings attended	
Referrer's details	
Name	
Contact Telephone number & email	
Professional Role:	

Section 2 - reasons for the request	
Please give brief details of the reason for the request	
Do you perceive this referral as 'urgent' – if so, please provide further details	
What would you like as an outcome of the request?	
Has the child/young person experienced any significant life experiences / trauma? If so, please give details.	
Have parents/ carers accessed support from Children's Centres / voluntary or charitable organisations? If so please state which and add details of any courses accessed.	
Please record particular comment or quotes from the individual referred and / or their parent/cares.	

Section 3 - Involvements					
Professionals previously or currently involved?		Y	N	**Dates**	**Contact details**
Who does the child have support from? Please give details and contact numbers	Autism Spectrum Education Team	☐	☐		
	Behaviour Support Team 2-12 Team	☐	☐		
	CAMHS	☐	☐		
	Children's Centre	☐	☐		
	Complex Behaviour Team	☐	☐		
	Consultant Paediatrician	☐	☐		
	Disabled Children's Team/Short breaks	☐	☐		
	Early Years Inclusion Team (Portage)	☐	☐		
	Educational Psychology	☐	☐		
	EMTAS	☐	☐		
	FASST	☐	☐		
	Harmful Sexual Behaviour Panel	☐	☐		
	Health visitor/School Nurse	☐	☐		
	Hearing Support Team	☐	☐		
	Medical Needs and Tuition Team	☐	☐		
	Occupational therapy	☐	☐		
	Physical Disabilities Team	☐	☐		
	Physiotherapy	☐	☐		
	School nurse	☐	☐		
	Social care / Social Worker	☐	☐		
	Speech and Language therapy	☐	☐		
	Vision Support Team	☐	☐		
	YICU (Youth Information Counselling)	☐	☐		
	Young Carers	☐	☐		
	YOS	☐	☐		
	Any other service (please name)	☐	☐		

	Y	N	Further details
Is the student in Child in Need, Child Protection or a young person who is looked after?	☐	☐	Name of social worker?
Does the child/young person have any medical conditions and / or previous neurological diagnosis.	☐	☐	If yes, please give details and attach any appropriate assessments / reports.
Is there an Early Help Assessment in Place? If yes, please attach appropriate information. If not, please provide an equivalent assess, plan, do and review document with relevant information to support the referral	☐	☐	

Section 4 - Supporting information

Assessments

Please provide information from a home and school perspective regarding the young person's presentation. The supporting information guidelines may be of help in structuring the required information.
Supporting information attached yes ☐ no ☐

Please also include copies of the following as appropriate:-	**Y**	**N**	Please indicate any other information you have included.
Positive Behavioural Support Plan	☐	☐	
EHCP	☐	☐	
Sensory Assessment	☐	☐	
Speech and Language Assessments	☐	☐	

Have you already spoken to a member of Emotional Health and Wellbeing or the North Lincolnshire Neurodiversity Team about this request ?

Y ☐ N ☐

Date of first contact

Who did you speak to?

Section 5 - Permissions. Please complete SECTIONS A, B and C as appropriate

SECTION A – For completion by Professional eg; SENCO / Mental Health Champion / MENTOR of the child / GP / Paediatrician / Social Worker / FASST worker / Children's Centre etc

☐ I have discussed this request with the parents/carers of

☐ They are fully aware that information will be shared between the Pathways teams (CAMHS, Autism Spectrum Education Team, Behaviour Support Team and Educational Psychology) The parent/carers understand that a file will be opened by CAMHS and North Lincolnshire's Emotional Health and Wellbeing Teams which will be securely stored. Details will be recorded on both CAMHS and North Lincolnshire Council's database.

Signature _____ Date _____

SECTION B - For completion by parent/carer of the child.

I/We agree that (insert name of person requesting consultation)

can discuss (insert name of child/young person)

with staff from CAMHS and North Lincolnshire's Emotional Health and Wellbeing Teams. I understand that a file has been opened and will be stored by both CAMHS and North Lincolnshire's Emotional Health and Wellbeing Teams in keeping with statutory guidance. Details will be recorded on North Lincolnshire Council's database

I understand that this may include agreed work in partnership with myself and other carers, direct referral to other teams within EHWB (without the need for another request form) discussions with school staff and other professionals seeking to support my child, meetings, work with my child and the sharing of information with other relevant agencies.

Signed _____ Date _____

Name (Please Print)

Relationship to child

SECTION C – For completion by the young person/student for secondary age pupils and those at College

I agree to meet with CAMHS and EHWB team and plan any work together

I understand records of our discussions and work we do will be kept in a confidential electronic file at North Lincolnshire Council.

Signed _____ Date _____

Please return the form to the email address below:

RDASH.NorthLincsCAMHS@nhs.net