

The BREW Project - Support Session Request Form

We ask and collect the following information so that our wellbeing practitioners can prepare appropriately for the initial session. All information submitted is only shared internally with relevant staff members and all information given is subject to our confidentiality & privacy policy.

Referrer Details			
Date of Referral:		Referrer Name:	
Referrer Tel:		Referrer Email:	
Organisation of Referrer (if any):		How did you hear about this service?	
Emergency Contact (Parent/Carer)			
First Name(s):		Surname:	
Contact Number:		Second Number:	
Email Address:			
Relation to Child/YP:		May we contact this person in regards to a session: Y / N	
Child/Young Person Details			
First Name(s):		Surname:	
Address:			Post Code:
DOB:		School:	Ethnicity:
Preferred Contact Number:		Email Address:	
Please indicate any additional support needs:			Is their first language English? Y / N
Please indicate (to the best of your knowledge) whether the child/young person:			(Delete as Appropriate).
Is the case open to Children's Social Care			Y / N
Is the child under a Child Protection plan			Y / N
Is the child Looked after, Adopted or a Care leaver			Y / N
Is the child on the Edge of care			Y / N
Is the child a Young carer			Y / N
If yes, please give details:			

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Background Information

<p>Please tell us briefly why you are referring:</p>	
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<p>Please tell us of any support/strategies that the child/young person has or is currently receiving</p> <p>I.e. one to one support at school</p>	
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<p>Has the child previously been involved with CAMHS or received counselling/therapy? Y / N</p>	<p>Has the child/young person previously presented with the listed risk factors below?</p> <p>If yes, please provide details.</p>	<p>Is the child/young person taking any medication that we should be aware of? Y / N</p> <p>If yes, please provide details:</p>
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Please note that our support sessions are not suitable for children and young people in crisis. You should contact 01422 300001 (Calderdale), 01274 221181 (Bradford) or 01924 316830 (Kirklees). For out of hours call: 01924 316830

Risk Factor	Details
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Suicidal Thoughts Y / N	
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Self Harm Y / N	
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Harm to Others Y / N	
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Self Neglect Y / N	
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Please email completed form to support@invictuswellbeing.com

