**Children and Young People’s Virtual Wellbeing Coaching Service**

 Individual Referral Form

**If you are aged 10-18, living in Lancashire and struggling with your mental wellbeing e.g. low mood, anxiety, stress, exam pressure, you can access one to one group support to improve your wellbeing, confidence and self-esteem.**

**Fill this referral form in and return to** **cypcoaching@lancashiremind.org.uk** **or** **hannahholden@lancashiremind.org.uk** **and someone will be in touch to discuss your referral.**

**Privacy Statement**

Lancashire Mind need to collect the information on this form to provide you with wellbeing coaching sessions. This information is used to schedule appointments and assess suitability for the service. You have the right to withdraw consent for us to use this information, however this may mean that we can no longer offer our wellbeing coaching service to you. The data you provide will not be used for in any automated decision-making and will not be shared or sold with any third-party and will not be transmitted outside the EEA. For our full privacy policy visit lancashiremind.org.uk or you can request, change, transfer or have your data removed, please email admin@lancashiremind.org.uk

**Referrer’s details Name:**

**School / Service: Contact number:**

**Role: Date of referral:**

**Email:**

**Young person’s details**

**Name:** **D.O.B: Gender:**

**Ethnicity:**

**Address: Postcode:**

**Telephone number:**

**Referral Information**

Please give brief details regarding the reasons for referral. Please include information on the challenges they are facing, how they are currently coping, any risk-taking behaviours and any other information you feel would be useful to us. **Please also include any other services that the young person is currently engaged in e.g. CAMHS, school counsellor, CANW etc. If the young person is currently engaged in another talking therapy service such as CAMHs we will not be able to work with them.**

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**Has the young person been informed about the referral? Yes [ ] No [ ]**

**Is the child classed as a vulnerable child? Y/N**

**Does the YP consider themselves to have an impairment which might affect them accessing the support? If yes, how can we make reasonable adjustments to help them access the support?**

Please sign below to consent to this referral being made and to indicate agreement with the above privacy policy:

**Young person’s signature ………………………………… Date ………………..**

**Parent/Guardian signature/verbal consent ………………………………….. Date …………………**