



Children and Young People s 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 and someone will be in touch to discuss your referral and get you the support you need.

Referrer's details - please note that the referrer will be required to act as the main point of contact for the young person, including set up of sessions and oversight of communication. Please do not complete contact details on behalf of third party.

Name:

School / Service:

Referrer contact
number:

Role:

Email:

Date of referral:

DSL name and contact (where relevant):

I confirm that the referrer detailed above is able to act as the main point of contact for coaching sessions:

Yes No

Young person's details

Name:

D.O.B:

Ethnicity:

Gender:

Address:

Postcode:

School/college name:

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, but can provide signposting to wider support.**

Has the young person been informed about the referral?

Yes No

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 indicate if the young person would prefer to attend coaching within school times, or after school.

Within school Outside of school

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

Young person's signature/verbal consent **Date**

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