

Emotional Wellbeing Team Kent & Emotional Support Team Medway

Request for Support Form: Primary School

Section 1 My Child		
First name:	Last name:	Date of birth:
My child likes to be known as.....		
Name of school/alternative provision:		
Name of preferred staff contact within your child's school/alternative provision:		
Year group:		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Non-Binary <input type="checkbox"/>	Gender Fluid <input type="checkbox"/>	Chosen pronouns are (e.g., he/she/per/they):
Home address:	GP Name:	
Post code:	GP Address:	
Language:	Interpreter required Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please specify which language:		
Religion	No religion <input type="checkbox"/>	Jewish <input type="checkbox"/>
	Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>
	Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>
	Buddhist <input type="checkbox"/>	Any other religion <input type="checkbox"/>
Ethnicity	White	
	English, Welsh, Scottish, Northern Irish or British <input type="checkbox"/>	Mixed or Multiple Ethnic Groups
	Irish <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>
	Gypsy or Irish Traveler <input type="checkbox"/>	White and Black African <input type="checkbox"/>
	Any Other White Background <input type="checkbox"/>	White and Asian <input type="checkbox"/>
	Asian or Asian British	Any other Mixed or Multiple Ethnic background <input type="checkbox"/>
	Indian <input type="checkbox"/>	Black, African, Caribbean, or Black British
	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>	Caribbean <input type="checkbox"/>
	Chinese <input type="checkbox"/>	Any other Black, African or Caribbean background <input type="checkbox"/>
	Any other Asian background <input type="checkbox"/>	Other ethnic group <input type="checkbox"/>
	



EMOTIONAL WELLBEING TEAM KENT
EMOTIONAL SUPPORT TEAM MEDWAY

Section 2 Consent

By completing this form, I am consenting on behalf of child to receive support from NELFT Emotional Wellbeing Team Kent & Emotional Support Team Medway. Our service keeps electronic patient records, by requesting support from us, you will be consenting to us keeping a record of our work together.

Do you consent to the following?

- Can work be carried out via video where required? (e.g., Microsoft Teams) Yes No
- Can we contact your child's school/alternative provision? Yes No
- Can we contact your child's GP about our work together? Yes No
- Can we contact other agencies supporting your family if required? Yes No

Signed Dated.....

Consent is important to us so we will discuss this further when we meet with you and/or your child.

Section 3 Details of parent/carer/next of kin

Parent/carer/next of kin's name:

Relationship to child:

Language:

Interpreter required Yes No

Please specify which language:

Home address:

Postcode:

Telephone number:

Email address:

Mobile number:

Preferred method of contact: Letter Phone Text Email

Section 4 Which type of support are you interested in?

Have you attended any of our workshops?

Yes Topic of workshop(s)

No, I have not been able to attend No, I have not seen workshops advertised

No, other reason

Parent/carer/next of kin views: What is your child struggling with that they would like to change?

Please give details (e.g., brief example of a recent situation where they have experienced the difficulty)



Child views: What would you like help with?

If possible, they can draw or write here:

Blank space for child's drawing or writing.

Please tick which type of support your child would benefit from:

I would like support with my child's anxiety

Please give examples (e.g., specific fears, avoiding situations, excessive worry, poor eating patterns or diet, sleep difficulties)

I would like support with my child's behaviour

Please give examples (e.g., behavioural difficulties, not listening to instructions)

I would like to attend a group/the group I saw advertised in my child's school

- Understanding my child's anxiety*
- Understanding my child's behaviour*
- Timid to Tiger (behaviour and anxiety)*
- Other (please specify)*

.....

I am interested but I would like more information first. Please can I receive a telephone call or meet with you to find out if this type of support is right for my child?

I am not interested in support but here are some suggestions of support that I would like the team to offer in my child's school.....

What would you and your child like to be different as a result of receiving support?

Please give examples (e.g., things your child would like to be able to do, things they would notice that would be different)

Blank space for parent/child response to the question about differences.

Goals are important to us so we will discuss this further when we meet with you and/or your child.



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Names of other services that have been accessed or are currently being accessed by you or your family: *Please give name of service and type of support (e.g., counselling, Early Help, social care, CAMHS)*

Section 5 Is there anything else you would like to tell us?

Please give details (e.g., significant life events/changes, special educational needs and/or disabilities, learning difficulties, neurodevelopmental conditions)

Section 6 What happens next?

Please return this form to the team via your child’s school/alternative provision. In school holidays **only**, these forms can be sent directly to EWTandESTenquiries@nelft.nhs.uk

Someone from the team will contact you within 2 weeks to arrange a Follow Up where we can discuss your Request for Support and to hear more about how you hope the team can help your child.

Please note that this form should **not be used** if you need immediate help or support regarding your child’s emotional wellbeing.

If you require urgent help or support regarding your child’s emotional wellbeing that is not indicated on this form, please call:

NELFT Single Point of Access: 0800 011 3474 (9am-5pm, Mon-Fri)

NELFT Mental Health Direct: 0800 995 1000 (urgent or out of hours support)

or seek Emergency Services.

For online resources supporting your child’s emotional wellbeing please visit:

www.headstartkent.org.uk

Feedback Form

The team is always seeking to improve the support we offer to children, young people and families. We would be grateful if you would please fill in this questionnaire about your experience of completing the Request for Support form. We will use what you tell us to improve our service.



EWT & EST use only

Date form received by Emotional Wellbeing Practitioner at school:

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Website

Please visit our website to learn more about our team:

<https://www.nelft.nhs.uk/kent-and-medway-mental-health-support-teams> or scan

