

If you are a young person 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.

Privacy Statement Lancashire Mind need to collect the information on this form to provide you with wellbeing coaching sessions. Please visit <https://www.lancashiremind.org.uk/lancashire-mind-policies> for more information. 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](https://www.lancashiremind.org.uk) or you can request, change, transfer or have your data removed, please email admin@lancashiremind.org.uk

Code for coaching – Please tick which service you would like support from.

- VC =Virtual Coaching** *Ages 10-18 (up to 25 years with additional needs) All areas of Lancashire*
- HB= CYP Hubs** *Ages 11-25/ Areas Fleetwood, Blackpool, Preston, Burnley, Pendle, Blackburn with Darwin*
- PS= Peer Support** *Ages 10-19 (up to 25 years with additional needs) All areas of Lancashire*

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 of referrer:

Name of school/service:

Referrer's contact number:

Role:

Email for referrer:

Date of referral:

DSL name and contact from school/service:

I confirm that the referrer detailed above can act as the main point of contact for coaching sessions: Yes [] No []

If no, please state a contact for the young person:

Please indicate first preference of contact:

Phone [] Email []

Young person's details

Name:

D.O.B

Ethnicity:

Gender:

Address:

Postcode:

School/college name:

Young person's email address:

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.**

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

Is the child classed as a vulnerable child? Yes [] No []

Does the YP consider themselves to have an impairment which might affect them accessing the support? Yes [] No []

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 above privacy policy:

Young person's signatureDate

Parent or Guardian signature / verbal consent Date