







Name of referred person CYP: CYP: CYP Adult: Adult: Adult Adult NHS Number: Postal Address Email: Key Worker? Yes / No Role: Shifts: Preferred Days and times for online sessions: Referrer Position: Referrer Contact details: Preferred Days and times for online sessions: Referrer Name: Referrer Position: Referrer Contact details: CYP's School/ education provider: EHCP/SEND Yes / No (Please give details of Special Educational Needs): Neurodevelopmental Comorbidity (for example ADHD/ASD) Parental Responsibility Yes / No Telephone Parents/Carers name Parental Responsibility Yes / No Telephone Do parents live together? Yes / No If No, who has main residence? Does the other parent have formally agreed contact? If so, please explain Does the CYP have contact with the other parent? If not, is this by choice Are there any court orders in place that prohibit or limit free contact i.e. Supervised Contact? Contact?	Project referred into		Σ	pecialist Support	Referral			
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Has a referral been made recently to any other agency? If Yes, please state Who/When	Signposted by:	Yes No		
Has a referral been made to Kids Inspire, Mind or Open Door Recently or in the past? If Yes state When/What was the outcome:				
If No, have they tried their GP/School/Family Operations Hub 0345 6037327				
Have there been any previous services involved – i.e. Social Care, school counselling, CAFCAS, if so what and when?				
For ALL referrals: Are there any services involved at present? Which? Since when? Please provide contact details.				
Are you (or the referred person) on any waiting list for help? If \mathbf{Y}	e s, Who?	Yes No		
Is the reason for referral linked to the current crisis due to Covid	19?	Yes No		
If Yes , the reason for referral is linked to the Covid 19, are there have been present?				
have been present? Please tell us more about how you (or the referred person) have	been affected or the reason for ref	erral?		
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have been present?	rson's) emotional wellbeing and me , between Kids Inspire, Mind and ch as Zoom and WhatsApp to group sessions with up to 4/6			

Is the referred person an adult?	
	No
A young person 13 or above?	Yes
	No
A child under 13?	
	No

The person's age will determine the type of support offered in terms of legal use of social media and online platforms.

Disabilities/Medical Conditions: Learning Difficulties:

Any Additional Information:

Any Additional Information gathered by Duty Clinician

Date: Date: Worker: Duty Clinician:

Parent/Carers' signature to consent to the content of this referral and its personal data being stored on Kids Inspires Internal database in line with GDPR regulations. We may also use the information to help evidence the effectiveness of the service during and after your involvement.

Parent/Carers' Signature_

Parent/Carers' Signature_

Please also read our Privacy Policy on our website for further information on how your data is processed.