

Project referred into	CYP Specialist Support		Referral received Date:	
Name of referred person	CYP:		CYP DOB:	
	Adult:		Adult Age:	
NHS Number:				
Postal Address			Email:	
Key Worker?	Yes / No	Role:	Shifts:	
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)				
Parents/Carers name	Parental Responsibility Yes / No		Telephone	
Other Parent/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?				

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:		Yes No
If No, have they tried their GP/School/Family Operations Hub 0345 6037327		Yes No
Have there been any previous services involved – i.e. Social Care, school counselling, CAFCAS, if so what and when?		Yes No
For ALL referrals: Are there any services involved at present? Which? Since when? Please provide contact details.		Yes No
Are you (or the referred person) on any waiting list for help? If Yes , 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 any pre-existing issues? For how long they have been present?		
Please tell us more about how you (or the referred person) have been affected or the reason for referral?		
What is your main concern in relation to your (or the referred person's) emotional wellbeing and mental health?		
Any other concerns or worries?		
CYP Specialist Support is a partnership specialist response service, between Kids Inspire, Mind and Open Door of virtual therapeutic support via online platforms, such as Zoom and WhatsApp to name a few, or via telephone calls – this includes trauma informed group sessions with up to 4/6 CYP, or up to 12 sessions/12 weeks of specialist trauma informed support/counselling, 1:1 or CYP/parent/s.		Yes No
Do you see this support meeting your (or the referred person's) current needs? If No , explain:		

Is the referred person an adult?	Yes No
A young person 13 or above?	Yes No
A child under 13?	Yes 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: _____ **Worker:** _____
Date: _____ **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.