

# Wellbeing Advice Service Referral Form



Student ID Number / Initials:

DOB:

(Please note the Wellbeing Advice Service is only available to students aged 16-25)

*Please complete your preferred mode of contact below*

Mobile:.....

Email address:.....

We encourage this referral form to be completed by or with the student. If this is not possible, we encourage that the student has been made aware a referral has been made.

**This service is not appropriate for students experiencing the following:**

Active high risk self-harm

Currently experiencing suicidal thoughts and/or behaviours

Requiring or currently accessing long term therapy

Currently in crisis

Requiring interventions for eating disorders

Requiring substance misuse interventions

Moderate – severe learning difficulties

Low functioning Autism

*If you or the young person you are referring meet any of the above criteria, please speak to the DSL or Senco to organise appropriate support.*

Reason for referral:

Low Mood

Anxiety

Exam Stress

Low self-esteem

Time management

Sleep issues

Anger management

Building emotional resilience

Relationship problems

Would like information / resources around mental health

Would like to know more about what services are available in and out of college

Other, please specify:.....

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Relevant Information:

Currently accessing mental health support services (i.e. Child Mental Health Support Services)  
If yes, how are they supporting you?

.....

Had counselling in the past: (please give details).....

Mental Health diagnosis:.....

Long term illness: .....

Does the young person have an Education Health Care Plan (EHCP): .....

Additional needs:

.....

Are there any safeguarding cases currently open for the student? Please give details:

.....

**Preference of Availability:** (*Wednesdays only*)

Period: 10:00-11:00  11:00-12:00  12:00-13:00  13:00-14:00  14:00-15:00

Referred by:

Date:

Referrer email: