  **SUPPORT REQUEST FORM**

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| **Date form completed** |  |
| **Type of Request** |  |

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| --- | --- |
| **SUPPORT PACKAGE REQUIRED** | |
| **Purpose of Support** |  |
| Re-integration back into school |  |
| 1:1 tutoring |  |
| Therapeutic support |  |
| 1:1 on site Mentoring |  |
| 1:1 off site mentoring |  |
| counselling |  |
| EOTAS |  |
| EBSA |  |
| Support for parents/family-please specify |  |
| Life skills |  |
| Other, please specify |  |
|  | |
| **Reason for referral including specific concerns** |  |
|  | |
| **Previous history – key events** |  |
|  | |
| **Frequency and duration of support – hours / times / days and proposed end date** |  |
|  | |
| **What are the desired outcomes?** |  |
|  | |
| **What are the key strengths of the young person?** |  |
|  | |
| **What are the key needs of the young person?** |  |
|  | |
| **Outline any key risk factors in the school / placement**  **e.g., substance misuse / domestic abuse / missing episodes / self-harm** |  |
| **Other agencies involved with the young person / family** |  |
|  | |
| **Write a profile of the young person as you would describe them to a support worker** |  |
|  | |
| **Additional requests - please provide details**  **e.g., attendance at meetings (this will incur the same hourly rate charge as the support) If court reports are required this will be charged at 1 hour per session** |  |
|  | |
| **Is the young person aware of the referral? Does young person agree to mentoring and support?** |  |
|  | |
| **Is the family / carer aware of the referral?** |  |

**Household Members**

|  |  |
| --- | --- |
| **Relationship** | **Name** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF THE YOUNG PERSON** | | | |
| **Full Name** |  | **Language If Not English** |  |
| **Address** |  | **DOB** |  |
| **Known medical information (including any medication that must be taken during session times if appropriate)** |  | **Please indicate here if the young person is non-verbal** |  |

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| **REFERRING PROFESSIONAL / TEAM** | | | |
| **Name of referring professional**  **(With title)** |  | **Head / manager name** |  |
| **Email** |  | **Email** |  |
| **Phone number** |  | **Phone number** |  |
| **Name of finance team or team member** |  | **Email address of finance team** |  |

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| **DETAILS OF THE SCHOOL OR PROVISION** | | | |
| **School / provision Name** |  | **School / provision number and named contact** |  |
| **School / provision Address** |  | **School / provision email addresses for report writing and communications** |  |
| **Number of suspensions/ previous exclusion** |  | **Is the child on a reduced timetable? If so please include details** |  |

We aim to process the above information within 3 working days and you will be contacted to discuss whether we can meet the needs of the young person and next steps.

**Please email to info@iammesupport.com**