

The BREW Project - Support Session Request Form

We ask and collect the following information so that our wellbeing advisers can prepare appropriately for the initial session. All information submitted is only shared internally with relevant staff members and all information given is subject to our confidentiality & privacy policy.

Referrer Details				
Date of Referral:		Referrer Name:		
Referrer Tel:		Referrer Email:		
Organisation of Referrer (if any):		How did you hear about this service?		
Emergency Contact (Parent/Carer)				
First Name(s):		Surname:		
Contact Number:		Second Number:		
Relation to Child/YP:		May we contact this person in regards to a session: Y / N		
Child/Young Person Details				
First Name(s):		Surname:		
DOB:		School:	Ethnicity:	
Preferred Contact Number:		Email Address:		
Please indicate any additional support needs:			Is their first language English? Y/N	
Background Information				
Please tell us briefly why you are referring:				

<p>Please tell us of any support/strategies that the child/young person has or is currently receiving</p> <p>I.e. one to one support at school</p>		
<p>Has the child previously been involved with CAMHS or received counselling/therapy? Y / N</p>	<p>Has the child/young person previously presented with the listed risk factors below?</p> <p>If yes, please provide details.</p>	<p>Please note that our support sessions are not suitable for children and young people in crisis. You should contact Calderdale CAMHS First Point of Contact on 01422 300001 or 01924 316830 for the out of hours crisis line</p>
Risk Factor	Details	
Suicidal Thoughts Y / N		
Self Harm Y / N		
Harm to Others Y / N		
Self Neglect Y / N		

Please email completed form to support@invictuswellbeing.com