**🌱 Children and Young People’s Wellbeing Coaching Referral Form**

**👋 Who is this for?**

If you're aged 10–25 and living in Lancashire, and you're finding things tough — maybe you’re feeling low, anxious, stressed, or overwhelmed by school or life — we’re here to support you.   
You can choose to take part in one-to-one wellbeing coaching to help you build confidence, feel better, and find tools that work for you.

**🔒 Your Safety and Privacy**

We know that feeling safe is really important when you share personal things. Everything you tell us stays private — unless we’re worried about your safety or someone else’s. If that ever happens, we’ll try to talk to you first about what we need to do.

You can read more about how we keep your information safe at:  
[www.lancashiremind.org.uk/lancashire-mind-policies](https://www.lancashiremind.org.uk/lancashire-mind-policies)

**✍️ What happens next?**

You can fill this in on your own or with someone you trust. Then send it to:  
📧 [**cypcoaching@lancashiremind.org.uk**](mailto:cypcoaching@lancashiremind.org.uk)  
Once we received the referral, someone from our team will be in touch within 5 working days to talk about what kind of support feels right for you. You can see our team at the bottom of our email signature.

**📌 Referrer’s Details**

*(If you're filling this in for a young person)*

* Name of referrer:
* School / Service:
* Referrer’s contact number:
* Role:
* Email:
* Date of referral:
* DSL contact (Designated Safeguarding Lead, if relevant):

☐ I confirm I can act as the main point of contact for the young person  
☐ If not, contact for the young person is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of communication:  
☐ Phone call ☐ Email

**🧍 Young Person’s Details**

* Full name:
* Date of Birth:
* Address & Postcode:
* School/College:
* Email address:
* Preferred Gender Identity:
* Ethnicity:
* Preferred name and pronouns (optional):
* Is there anything you'd like us to know about your identity, culture or background to help us support you better? (Optional)

**💬 About the Referral**

Tell us about what the young person is experiencing. What are they finding difficult? How are they managing right now? What helps or makes things harder?  
Please also include any services already involved (like CAMHS, a school counsellor, etc.).

*Note: If the young person is already receiving talking therapy from a service like CAMHS, we may not be able to offer coaching at the same time. Give us a call if you need this explained more.*

**✅ Consent and Understanding**

* Has the young person had a chance to talk about this referral and how they feel about it?  
  ☐ Yes ☐ No ☐ Not yet, but we will
* Is the child considered vulnerable?  
  ☐ Yes ☐ No
* Do they need any adjustments to help them access this support (e.g. accessibility needs, preferred communication style, timing)?  
  If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When would they prefer coaching sessions to take place?  
☐ During school hours ☐ After school

Preferred contact method for the young person:  
☐ Phone call ☐ Text message ☐ Email ☐ In person ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**✍️ Consent Signatures**

* Young person’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian signature or verbal consent (if YP under 16 years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_