**🌱 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 and safeguarding policies 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**Once we received the referral, someone from our team will be in touch within 7-14 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

Preferred method of communication:
☐ Phone call ☐ Email

If you are not the main point of contact, please complete the alternative key contact below

👤 **Alternative Key Contact (if not the referrer)**

* Name of key contact:
* Relationship to young person:
* Phone:
* Email:
* 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) 👇 **Please add any information below:**

**💬 About the Referral**

We’d like to understand a bit more about what’s going on for the young person right now — in their own words or from someone who knows them well.

You can share anything that feels important. For example:

* What’s been feeling difficult lately?
* How are they coping day to day?
* What helps, and what tends to make things feel worse?
* Are there any situations, topics, or interactions that might feel overwhelming, upsetting, or unsafe?

Sharing this kind of information is just to help us support the young person in the most respectful and helpful way during sessions. You only need to include what feels okay to share.

If any services are already involved (like CAMHS, a school counsellor, social worker, etc.), please let us know here too.

***Note:*** *If the young person is currently receiving regular talking therapy (e.g., through CAMHS), we might not be able to offer coaching at the same time. If you’re unsure, feel free to get in touch and we’ll talk it through.*

👇 **Please add information below:**

**✅ 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 parents give consent for sessions to be held outside of school hours at home?

☐ Yes ☐ No

* When would they prefer coaching sessions to take place?
☐ During school hours ☐ After school **(please tick the consent box above for this to take place**)
* Preferred contact method for the young person:
☐ Phone call ☐ Text message ☐ Email ☐ In person ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Do they need any adjustments to help them access this support (e.g. accessibility needs, preferred communication style, timing)?
If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**✍️ Consent Signatures**

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