**Request for getting help from the School Nursing Service**

Sirona care & health School Nursing service provide support to children and young people. In order that your referral is directed to the correct support, please complete this form with as much detail as possible.

|  |  |  |
| --- | --- | --- |
| **1. Referrer details** | | |
| **1a** | I confirm I am a parent/carer referring my child | |
| **2. Consent for referral** | | |
| **2a**  **Child/ young person consent** | **Children aged 15 and under**  I confirm that the child/young person is aware of this referral  **Children 16 and over**  I confirm that I have made this referral with the young person’s consent | |
| **3. Child/young person’s details** | | |
| **3a** | Name:  Date of birth:  Preferred language:  Contact number: | Contact email:  Address:  School: |
| **3b** | Any communication requirements?  Interpreter  Signing  Hearing loop  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **4. Request for support** | | |
| **4a** | What are your worries or concerns about? Please explain what you are asking for support with. | |
| **4b** | How long have these worries or concerns been an issue? | |
| **4c** | Please state any actions/support services/interventions currently involved for these worries or concerns, for example, Off the Record, Kooth, Social care, CAMHS. | |
| **5. Parent/carer details** | | |
| **5a** | Parent/carer name:  Relationship to the child/young person:  Contact number: | Address:  Contact email: |
| **5b** | Any parent/carer communication requirements?  Interpreter  Signing  Hearing loop Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **6. Next Steps** | | |
| **6a** | We usually complete your first appointment over the phone to further understand your worries or concerns so you get the right support. If you prefer, your first appointment can be done in person, for example in your school.  I would prefer to have my first appointment over the phone  I would prefer to have my first appointment in person | |
| **6b** | We may send letters to you about the support you receive from the School Nursing team. How would you prefer to receive these letters?  I would prefer to have letters sent to my home address  I would prefer to have letters given to me in school | |
| **6c**  **Tick all that apply** | We will contact the young person or the nominated parent/carer for a first appointment within one week to understand what support may be needed.  This appointment will be over the phone, unless it is a self-referral from a young person and they have chosen for the first appointment to be face-to-face. For example, in school.  Please confirm the best times/days for the first appointment   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Anytime | 9am - 12pm | 12pm – 3:30pm | 3:30pm – 5pm | | Monday |  |  |  |  | | Tuesday |  |  |  |  | | Wednesday |  |  |  |  | | Thursday |  |  |  |  | | Friday |  |  |  |  |   **\*Please note, our phoneline is open Monday 9am – Friday 5pm** | |
| **6d** | I confirm I have completed this form with as much detail as possible and I understand a telephone appointment will be offered within the next 7 days | |
| Please email your referral to your local School Nursing service  Unsure which one is your local service? Please just email your referral to the one you think it may be and we will send it to the correct place.  **Bristol School Nursing service:** sirona.bristolschoolnursing@nhs.net  **North Somerset School Nursing service**: Nsomerset.schoolnurses@nhs.net  **South Gloucestershire School Nursing service**: Sirch.southglosschoolnursing@nhs.net | | |