



Who are we?

We are NHS wellbeing and mental health practitioners, working in your child's school providing evidence-based support programmes for parents and carers of children who are experiencing anxiety, fears and worries or everyday behaviour challenges.

Who do we see?

Primary school parents and carers whose children sometimes struggle with...



Managing their emotions, leading to behaviours, such as tantrums, not listening or following instructions, difficulties at bedtimes or mornings, being rude to parents, etc.



Anxiety and worry (e.g. shy, panicky, clingy or fearful of specific things, such as separation, school or social situations, avoiding situations or seeking high levels of reassurance)

Parents/carers who are not currently receiving support from CAMHS or Children & Family Services

What do we offer?



6-8 weekly, one-hour sessions, at school or online



Help to understand your child's feelings/behaviour



A chance to learn practical strategies that you can practise during and between sessions to support your child's wellbeing

What happens next?

Once we receive this completed form from you/your child's school, we will contact you to arrange a time to hear a little more about your family and check that we are the right service for you.

If so, we will arrange to see you for 6-8 sessions. Each session has a different topic and set of tools and ideas to help your child.

We will ask you to try out these tools and ideas between sessions.

While you are waiting to see one of our wellbeing practitioners, visit our YouTube channel: @educationwellbeingservice It's full of helpful videos and webinars for parents and carers



Research shows that working with parents and carers of primary aged children helps more and faster than working with children directly.

Over 95% of parents who completed our programmes made progress towards their goals and would recommend our service to other parents!

APPLICATION FORM

By submitting this form, you are consenting to this information being shared within our team and stored on a secure digital record system, which is only accessed by SWLSTG CAMHS staff.

Education
Wellbeing
Service

NHS
South West London and
St George's Mental Health
NHS Trust

Child's Name (Please enter your child's full, legal name here, as listed on health/GP records).

Child's Date of Birth
(DD/MM/YY)

Parent(s) Full Name(s)

Child's Age

School

Year Group

SUPPORT YOU ARE INTERESTED IN

Child Anxiety - Parent-Led Guided Self-Help Programme

Behavioural Difficulties - Parent-Led Guided Self-Help Programme

Preferred Location of Sessions:

Face-to-face (in school)

Online

No preference

How did you hear about our service?

(School staff, Workshop, GP, Community Services, Friends/Family, etc.)

Please give a brief description of the difficulties your child is experiencing, including the duration and the impact of these difficulties on your child's everyday life:

What have you already tried to help with your child's difficulties? Have you used or had contact with any other services?

Is there anything else you think it would be helpful for us to know about? (e.g. parental relationship difficulties, recent bereavements, other help being received by you/your family, or other changes?)

ABOUT YOU AND YOUR CHILD

Child identifies their gender as

Child's Ethnicity

Are there any other details about your family's cultural background that you would like to share?

Parent's first language

Interpreter needed? Yes No

Is your child entitled to Free School Meals?

Yes

No

Prefer not to say

Child's NHS number

(You can find this on any NHS GP/Hospital documents OR on the NHS App)

Does your child have a diagnosis of Autism or any other disability?

Yes, they have a diagnosed disability or additional need

A diagnosis/assessment is in progress.

No

(If yes, or an assessment is in progress, please provide details here)

Parent Contact Number(s)

Parent Email Address(es)

Home Address

GP Name & Address

Do you consent to information about this referral being shared with your GP?

Yes

No

I would like to discuss this further

I/we have parental responsibility

Yes

No

Signature

Today's date
(DD/MM/YY)

Thank you! Please return this completed form to a member of staff in your child's school.

ADDITIONAL INFORMATION FROM YOUR SCHOOL

Education
Wellbeing
Service

NHS
South West London and
St George's Mental Health
NHS Trust

For Parents/Carers:

Please tick this box if you are not comfortable with a member of school staff filling in the information on this page

☐

Name of School
Staff Member
Completing Form

Date Completed
(DD/MM/YY)

Staff Member Role

Child's Current
Attendance (%)

If less than 90%, please consider whether this is related to anxiety / low mood or there are systemic/social factors where an Early Help referral would be more helpful.

Does the child
have additional
needs or
disabilities?

(If yes, please
provide details in
the sections below)

☐

Yes, diagnosed disability or
additional need

☐

Diagnosis/assessment in
progress.

☐

No

Does the
child receive
additional
learning
support in
school?

☐

Yes, EHCP
in place

☐

Yes, but no
EHCP

☐

Yes, EHCP
In progress

☐

No

What kind of wellbeing support do
you feel family would benefit from?

If other, please state here:

☐

Guided self-help
(with EWP)

☐

Other

(Please discuss with your Mental Health
Lead and/or a member of our team
prior to referring for non-EWP support)

If there are current self-harm/risk concerns, please
refer to our CAMHS SPA colleagues.

How long have these
difficulties been present?

If there are current safeguarding concerns, please refer to
Early Help or local authority safeguarding teams

Please provide your view of the difficulties this child has been experiencing, including any impact these difficulties are having on their life in school (e.g. in terms of attendance, attainment, behaviour or socially)

Has support been offered to help with these difficulties at school? Please describe support and progress

Any other circumstances that might impact or inform our intervention?
Is there any previous agency involvement including any referrals to children's safeguarding?
(E.g. additional needs, current or historic safeguarding concerns, child/family circumstances or changes)

Please confirm that parental consent has been
attained for this application?

Yes ☐

No ☐

By ticking YES you are confirming that parent/carer
is aware of this referral and has given their consent
for the information on this form to be stored on a
secure CAMHS record system

To your knowledge, has this child been referred
to/currently receiving support from Children and
Family Services or CAMHS?

Yes ☐

No ☐

Referral made,
awaiting outcome

☐

**THANK YOU! PLEASE RETURN THIS COMPLETED APPLICATION
FORM TO YOUR SCHOOL'S EDUCATION WELLBEING SERVICE**