Sutton Education Wellbeing Service - Application Form

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| **Name of Child** |  | **Gender** | Male 🞎Female 🞎 |
| **Date of Birth** |  | **Year group** |  | **Ethnicity**  |  |
| **NHS number** |  |
| **Home address** |  |
| **Child’s school** |  |
| **Does your child have a disability? If yes please specify** | No 🞎Yes 🞎 …………………..………………………………………………………………………. |
| **Name of Child’s GP** |  |
| **GP Address****Phone Number** | Consent to inform GP of application to EWP program: Yes 🞎 No 🞎 |
| **Name of Parent/Carer** |  |
| **Relationship to child** |  |
| **First Language** |  | **Interpreter required?**  | Yes 🞎 No 🞎 |
| **Day time telephone number** |  | **Evening telephone** **number** |  |
| **Email address** |  |
| **Which intervention are you interest in?** | Anxiety 🞎 Top tips for managing worry (2-3 sessions) 🞎Behavioural difficulties 🞎 Sleep hygiene (2 sessions) 🞎 |
| **Have you tried any other services? If yes please specify** | No 🞎Yes 🞎 ………………………………………………………………………………………….... |

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| **Please give a brief description of the difficulties your child is experiencing, including the duration and the impact it is having on your child’s everyday life:** |
| **What have you tried yourself already to help with these difficulties?** |
| **Are there any other things you think it would be helpful to let us know about? (e.g. parental relationship difficulties, recent bereavements or other changes in circumstances)** |
| **Completed by (name): …………………………………………. Signature: …………………………….. Date: ……………………..** |

Please return application form to your child’s school via post or email