

Single Point of Access for Children's Emotional Wellbeing

Request for Support: Family Questionnaire

Child young person's name /		Date of birth	
Address		School	
Telephone Number:		Date of Referral:	

Key Family members				
Please include details of parents/carers and other family members such as siblings, step siblings, or other important people:				
First name	Surname	Relationship to named child	Date of birth	Household member?
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

1. What are your concerns?

Please tell us about the issues you want help with. Please provide as much detail as you can.

2. What outcome do you want to achieve?

Please tell us what you hope will change if you get the right help

3. What have you tried?

Please tell us what you have already tried to address the issues. Please include what you have tried as a family.

Please include any help from professionals (for example, help from school, Educational Psychology, Social Care, Families First, mental health services, etc). What has been helpful or unhelpful?

4. What are your strengths?

Please tell us about your child's strengths and your strengths as a family. What is going well?

5. What are your circumstances?

Please tell us about anything else that you feel is relevant to the issues you want help with (for example, important life events or recent changes that you think might be relevant)

I consent to the Request for Support being made for my child and have read the information provided

Parent / guardian's name		Signature	
Child / young person's name		Signature	

Please return this Questionnaire to your GP Surgery Receptionist or to the following e-mail address:

contactandreferral@caerphilly.gov.uk