

CONFIDENTIAL**Warwickshire School Health & Wellbeing Service Referral Form**

Our service provides universal early help and intervention to children, young people and their families on a range of health and wellbeing issues. Therefore, it is beyond our service to accept higher risk referrals and referrals which fall outside of our service offer will not be accepted and will be returned to the referrer. Professionals, parents/carers and young people can contact the service to discuss our service offer on 03300 245 204.

Privacy Notice Statement

Please note by completing this referral, Compass will expect that:

- This referral has been discussed and agreed by the service user
- You consider the service user to have capacity to give informed consent
- You have explained that any information held on this form will be stored by Compass on a secure database

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Signed by referrer.....

Signed by service user.....
(parent/carer or young person)

| | | | | | | | | | | |
|---|-------------------------|--|---------------------------|--|---------------------|--|---------------------|--|--|--|
| Child's Name | | | | | | | | | | |
| Date of Birth | | | | | NHS Number | | | | | |
| Address | | | | | | | | | | |
| Post code | | | | | | | | | | |
| Gender | | | | | | | | | | |
| School | | | | | | | | | | |
| Ethnic Origin | African | | Bangladeshi | | Caribbean | | Chinese | | | |
| | Indian | | Other | | Other Asian | | Other Black | | | |
| | Other Mixed | | Other White | | Pakistani | | White and Asian | | | |
| | White and Black African | | White and Black Caribbean | | White British | | White Irish | | | |
| Parent/Carer Name | | | | | | | | | | |
| Telephone number | | | | | | | | | | |
| Email address | | | | | | | | | | |
| Young Person's mobile number (secondary school aged only) | | | | | | | | | | |
| Has consent for referral been obtained from | | | | | Parent/Carer | | Young Person | | | |
| GP details | | | | | | | | | | |

Please see overleaf for details of how to send a referral securely to Compass. We will send you a receipt acknowledging receipt of your referral and will keep you informed of the outcome.

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|---|--|---|--|--|--|------------|--|-----------|--|
| Current Safeguarding Status: service user open to | | Early Help | | CIN | | CIC | | CP | |
| Social Worker Name: | | | | Next Safeguarding Meeting (Date): | | | | | |
| Does the child/young person have any Special Educational Needs? | | Yes | | | | No | | | |
| <i>If yes, please advise:</i> | | | | | | | | | |
| Does the child/young person have any disabilities? | | Yes | | | | No | | | |
| <i>If yes, please advise:</i> | | | | | | | | | |
| Support required from: School Nurses <input type="checkbox"/> Change Makers <input type="checkbox"/> | | | | | | | | | |
| Reason for referral: | | Please include all relevant information and any meeting dates | | | | | | | |
| | | | | | | | | | |
| Referrer Name: | | | | | | | | | |
| Designation and Organisation: | | | | | | | | | |
| Referrer Address: | | | | | | | | | |
| Referrer Telephone No: | | | | | | | | | |
| Date of referral: | | | | | | | | | |

Please forward the completed referral form securely.

Compass Warwickshire School Health and Wellbeing Service

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|-----------------------|---|
| Address: | Valiant Office Suites, Lumonics House, Valley Drive, Rugby CV21 1TQ. Telephone: 03300 245 204 |
| Secure emails: | warwickshireschoolhealth@compass-uk.org (using an Egress account) COMPASS.warwickshireschoolhealth@nhs.net schoolhealthwarks@welearn365.com |

Please send all referrals and queries that include identifiable and sensitive information via a secure method.