

# EDUCATION WELLBEING SERVICE



## ABOUT US

### WHO WE ARE...

**We are children and young people's wellbeing practitioners. We work with young people who are experiencing mild to moderate anxiety or low mood.**

### WHAT WE DO...

**We help young people understand the difficulties they are experiencing, and teach them tools and coping strategies they can use to help manage their anxiety or low mood. We meet individually with young people for up to eight sessions. Sessions are an hour long and take place in school**

### WHO WE SEE....

#### YOUNG PEOPLE WHO:

- **Sometimes feel low (e.g. loss of motivation, no longer finding enjoyment in the things they used to, change in sleep patterns, change in appetite, low self-esteem, frustration)**

**OR:**

- **Sometimes feel anxious (e.g. feeling anxious in social situations, feeling panicky, phobias of specific things e.g. lifts or excessive worrying e.g. about exams or friends and family)**

### WHAT WILL IT INVOLVE....

- **We will ask you to try out some of the things you have learnt in your sessions in your own time. It's really important you complete the tasks so you can get the most from your sessions.**
- **Parents can join for some sessions if you'd like them to.**
- **If you're 15 or under, we will inform your parents of the application.**

Text **SHOUT** to 85258  
for 24/7 support.  
Anytime. Anywhere.

shout 0800 131 1234

**See next page for the application form**

# APPLICATION FORM

— EDUCATION WELLBEING SERVICE



Your Name (include any preferred name):

Date of Birth :

D D M M Y Y

## SUPPORT YOU ARE INTERESTED IN

Anxiety support programme – managing stress, worries or fears

Low mood support programme – energy, motivation and self-esteem

*Please tell us about the difficulties you're experiencing, including how long you've been experiencing them and the impact they're having on your everyday life:*

*What have you already tried, if anything, to help with these difficulties? Have you used any other services?*

*Are there any other things 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

Your school :  Year Group :

I identify my gender as :  Ethnicity :

Home Address :

Mobile Number :  Email Address :

Parent/Carer Contact Details : **Name:**  **Email Address:**  **Mobile:**

GP Name and Address :

Signature :  Today's Date :

D D M M Y Y

THANK YOU FOR YOUR INFORMATION



*Please return this completed application form to a member of staff in your school*

# OPTIONAL

— ADDITIONAL INFORMATION  
FROM SCHOOL



Staff Member Completing Form

Date Completed :

D D M M Y Y

Staff Member Role

## ADDITIONAL INFORMATION

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

Has any support been offered to help with these difficulties at school? Please describe and report any 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. SENDMH needs, current or historic safeguarding concerns, child/family circumstances or changes)

Please confirm that parental consent has been attained for this application? (for pupils under 15) Yes  No

I confirm that the young person completed/was involved in completing the application form? Yes  No

THANK YOU FOR YOUR INFORMATION



Please return this completed application form to your school's Education Wellbeing Service