



# Back to Education Support Group Referral Form

Professionals Referring Parents/Guardians

The Nest is a free and confidential mental wellbeing support service for young people and their families living in Southwark aged 13 – 25. This 8-week group provides the opportunity for parents and guardians to explore and understand the mental health impact of COVID-19 on their children. It offers a supportive space to share experiences of lockdown, and will help you empower your children to feel safe and comfortable going back to school and making positive choices. Due to Covid-19 restrictions, we are offering support by way of small group sessions in line with government guidance.

Please return this form to [thenest@groundwork.org.uk](mailto:thenest@groundwork.org.uk) and call 020 8138 1805 if you have any questions.

Has this referral been discussed and agreed by the parent/guardian?			
Yes		No	

Is their young person currently engaged with The Nest?			
Yes		No	

## Section A: Parent/Guardian’s Information

Basic Info						
First Name(s)					Last Name	
Date of Birth	D	D	M	M	Y	Y
Contact Details						
Address line 1						
Address line 2						
Town/City				Postcode		
Home Telephone No.				Mobile Telephone No.		
Email						

What language do they prefer to speak?	English	Other
Do they require a translator to take part in the group? If so, please specify which language below:	Yes	No

Contact Permissions		
Please tick as appropriate	Yes	No
OK to post mail?		
OK to phone Home?		
OK to phone Mobile?		
OK to text?		
OK to leave a voicemail?		
OK to email?		
What is the preferred method of contact?		



GP Details			
Name of GP			
Name of GP Surgery			
Address			
Postcode		Telephone No.	
Email			

Does the parent/guardian have a disability or health problem? (please tick any that apply)			
Physical Disability		Unseen/ Invisible disability e.g. epilepsy	
Blind/ Partially sighted		Multiple Disabilities	
Deaf/ Hard of hearing		Other (please specify below)	
Learning Difficulty/ Disability			

Does the parent/guardian have a diagnoses of any of the following? (please tick any that apply)			
Asperger's /Autism		Depression	
OCD		Anxiety	
Borderline Personality Disorder		Other (please specify below)	

## Section B: Young Person Information & Reason for Referral

Young Person Details								
First Name(s)							Last Name	
Date of Birth	D	D	M	M	Y	Y	Age	

Does the young person have a disability or health problem? (please tick any that apply)			
Physical Disability		Unseen/ Invisible disability e.g. epilepsy	
Blind/ Partially sighted		Multiple Disabilities	
Deaf/ Hard of hearing		Other (please specify below)	
Learning Difficulty/ Disability			

Does the young person have a diagnoses of any of the following? (please tick any that apply)			
Asperger's /Autism		Depression	
OCD		Anxiety	
Borderline Personality Disorder		Other (please specify below)	

Does the young person have an EHCP plan or any other support plan?			
Yes		No	
		Other (please specify below)	



Empty rectangular box for text input.

Is the young person a carer?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

Please provide more detail about the reason for referral to the *Back to Education Support Group*

Large empty rectangular box for providing details about the reason for referral.

Which sessions would you be interested in attending?

Tuesday evenings only	<input type="checkbox"/>	Thursday evening only	<input type="checkbox"/>	Zoom sessions	<input type="checkbox"/>
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Are there any crisis or risk issues we need to be aware of? E.g. self-harm, suicide attempts, risk of harm to others

Large empty rectangular box for reporting crisis or risk issues.

Are any other key services involved? (please provide contact details where possible)

Large empty rectangular box for listing other key services and contact details.

**Section C: Next Steps**

**Data Protection**

The information contained in this referral form will be recorded on databases that will allow Groundwork London to follow the person’s progression and ensure they get the most out of the programmes at The Nest. Data will be held securely in both paper form and on computer to assist Groundwork London during and after involvement in The Nest, in accordance with the Data Protection Act 2018. The person may access data held by us about them by giving notice at any time during their involvement with us. Data may be shared with Southwark Council, NHS England and other organisations operating within the scope of this programme.

**What happens next?**

We will contact the parent/guardian to arrange an assessment and confirm the arrangements in writing.  
Thank you for taking the time to fill out this referral.

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