MHST Referral Form

Supporting children and families with their emotional wellbeing, so they can thrive at school and beyond.

Please refer to the MHST Guidance & Offer booklet page 'Referral Guide/Examples' when completing this form.

Referral information

Please complete all sections as fully as possible. This information helps the Mental Health Support Team understand current needs and identify the most appropriate support.

1 Referrer & School Details

Referrer name

Role

School / setting

Email

Phone

2 Child or Young Person Details

Full name

Preferred name

Date of birth

Gender

- [ ] Male
- [ ] Female
- [ ] Non-binary
- [ ] Prefer not to say

Year group / age

Address

Ethnicity

First language

Interpreter needed

- [ ] Yes
- [ ] No

3 Parent / Carer Details

Parent / carer name

Relationship

Phone

Email

Address If Different to Child/Young Person

4 GP Details

GP name

Practice name

Practice address

Phone number

Email, if available

5 Medical Conditions / Allergies

Please include any relevant medical conditions, allergies, medications, or other health information.

6 Presenting Concerns

Tick all that apply and provide a brief description of the current concerns.

- [ ] Anxiety / worries
- [ ] Emotional regulation
- [ ] School avoidance
- [ ] Sleep difficulties
- [ ] Other
- [ ] Low mood
- [ ] Self-esteem
- [ ] Friendship issues
- [ ] Bereavement / loss

Please tell us more about the main concerns

MHST Referral Form — Continued

Please complete sections 7–13 before submitting the referral.

7 Risk & Safety Considerations

Please indicate any current or previous risk and safeguarding considerations relevant to this referral.

- ☐ No concerns identified
- ☐ Self-harm
- ☐ Suicidal plan
- ☐ Risk to others
- ☐ Missing episodes
- ☐ Thoughts of self-harm
- ☐ Suicidal thoughts
- ☐ Suicidal intent
- ☐ Safeguarding concerns
- ☐ Other

Please give further details of any risks, safeguarding concerns and actions already taken

If a safety plan has been completed, please attach it with this referral.

8 Safety Planning Measures Taken By School

What actions has school or the setting already taken to support? Tick all that apply.

- ☐ School pastoral support
- ☐ Safety plan in place
- ☐ External professional involved
- ☐ Reduced timetable/adjustments
- ☐ Contact with CAMHS/Crisis
- ☐ Other
- ☐ Parent / carer contacted
- ☐ Safeguarding referral or advice
- ☐ Safe space identified
- ☐ Referral to DSL
- ☐ Emergency Services

Please attach safety plan.

9 Support Already in Place

Please tick the support currently in place or recently offered.

- ☐ Pastoral support / trusted adult
- ☐ Attendance support
- ☐ School counselling / wellbeing
- ☐ CAMHS or specialist service
- ☐ Behaviour support
- ☐ SEND support or provision
- ☐ Early Help / Social Care
- ☐ Other support

Briefly describe the support in place, duration and impact

10 Group Intervention (If Applicable)

If interested in group support for this child/young person, tick appropriate option.

- ☐ Worry management
- ☐ SHERBERT
- ☐ Friendship
- ☐ Incredible Years - Parent
- ☐ Low Mood
- ☐ Resilience
- ☐ Homunculi
- ☐ Helping Child with Fears - Parent

Please add any information that may affect group suitability or participation

11 Consent & Awareness

Please confirm awareness and consent arrangements before submitting the referral.

Parent / carer is aware of this referral	☐ YES	☐ NO
Child or young person is aware of this referral	☐ YES	☐ NO
Consent for MHST involvement has been obtained	☐ YES	☐ NO

If consent has not been obtained, please explain the rationale and relevant safeguarding context in the additional information section.

Date consent was obtained

12 Additional Information

Please include anything else that may help the MHST understand the child or young person's circumstances, strengths, needs, or preferred support.

Additional relevant information

13 Before Submitting Your Referral

Please check that the information provided is accurate and includes the key details needed to review this referral.

- ☐ I confirm that the information in this referral is accurate and up to date.
- ☐ I have recorded support already in place and any actions taken.
- ☐ I have included relevant risk and safeguarding information.
- ☐ I have completed consent and awareness information.

How to Submit

Please email the completed form to
MHSTReferrals@Nottinghamcity.gov.uk

What Happens Next?