

# EDUCATION WELLBEING SERVICE

## ABOUT US...

### WHO ARE WE?

**We are Wellbeing Practitioners. We work in schools with young people who are starting to experience anxiety or low mood and AREN'T already getting professional support, like counselling or CAMHS.**

#### Low Mood

- **Feeling sad, lonely, irritable, worthless or 'empty'**
- **Losing interest in activities you used to enjoy**
- **Changes to eating/sleeping habits or motivation**
- **Withdrawing from family & friends**

#### Anxiety

- **Frequent worry or overthinking**
- **Feeling anxious in social situations**
- **Specific phobias, like crowded places or being sick**
- **Exam stress or performance anxiety**
- **Avoiding lessons/activities/school due to anxiety**

### WHAT DO WE OFFER.?



**6-8 weekly, one-hour sessions during the school day**



**Skills and strategies based on Cognitive Behaviour Therapy (CBT) that you can practice during and between sessions to support your wellbeing**



**Sessions are confidential. We will speak with you about what this means.**



**If you are 15 or under, we will let your parents know that you're taking part in this programme**

### WHAT HAPPENS NEXT?

- 1. We usually arrange a quick call or a chat in school to introduce ourselves and tell you a little more about what we do.**
- 2. We then arrange to meet one-to-one, in school, to find out a little more about you and to decide together whether this is the right kind of support for you at this time.**

# APPLICATION FORM

Education Wellbeing Service



South West London and St George's Mental Health NHS Trust

Your Name (include any preferred name):

Date of Birth (DD/MM/YY)

SUPPORT YOU ARE INTERESTED IN

Age

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

Are there any other details about your cultural background that you would like to share?

Home Address

Mobile Number

Email Address

Parent Name(s)

Parent Email

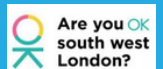
Parent Mobile

GP Name & Address

Signature

Today's Date (DD/MM/YY)

THANK YOU FOR YOUR INFORMATION



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

# ADDITIONAL INFORMATION FROM YOUR SCHOOL

Education  
Wellbeing  
Service

**NHS**  
South West London and  
St George's Mental Health  
NHS Trust

## For Young Person:

Please tick this box or let a member of staff know if you are not comfortable with them filling in the information on this page

Name of Staff Member Completing Form  Date Completed (DD/MM/YY)

Staff Member Role

Student's Current Attendance (%)  Does the student have an EHCP? Yes  No  In progress

## ADDITIONAL SCHOOL INFORMATION

How long have these difficulties been present?

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 support been offered to help with these difficulties at school? Please describe and report 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 15 and under) Yes  No

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

To your knowledge, has this young person been referred to/currently receiving support from children and family services or CAMHS? Yes  No  Referral made, awaiting outcome

**THANK YOU FOR YOUR INFORMATION**



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