



Section One – Referral Criteria

Child or young person presenting with behaviours that are challenging or concerning and they have not yet been assessed for a diagnosis

OR

They have previously been assessed but it was a significant time ago and behaviours have changed in a way that suggests further support would be appropriate.

Behavioural concerns can include physical or verbal aggression, repetitive behaviours, refusal behaviours, emotional outbursts, mental health concerns and other behaviours seen regularly. Behaviours do not have to be seen in more than one setting – e.g. may only be present in the home environment.

Addresses for Referrals

<p>Basingstoke and Deane and North Test Valley</p> <p>The Harewood Centre Bolton Crescent Basingstoke RG22 6AZ</p> <p>harewood.pbscentre@hants.gov.uk</p>	<p>Fareham and Gosport</p> <p>The Lennox Centre Bridgemary Avenue Gosport PO13 0XT</p> <p>pbs.lennoxcentre@hants.gov.uk</p>	<p>Havant</p> <p>Robin’s Oak Mill Road Waterlooville PO7 7DB</p> <p>pbs.robinsoak@hants.gov.uk</p>
<p>New Forest and South Test Valley</p> <p>The Clifford Centre Calmore Drive Calmore Southampton SO40 2ZX</p> <p>pbs.cliffordcentre@hants.gov.uk</p>	<p>Rushmoor, Hart and East Hants</p> <p>The Hive Alexandra Road Aldershot GU11 1QJ</p> <p>pbs.thehive@hants.gov.uk</p>	<p>Winchester and Eastleigh</p> <p>The Keppel Centre Stoke Park Junior School Underwood Road Eastleigh SO50 6GR</p> <p>pbs.keppelcentre@hants.gov.uk</p>

Wellbeing Support Service Referral (through the Primary Behaviour Service)

Section Two – Young Person Details

Title			
Initials		Surname	
Date of Birth		Gender	
Current Address		Home telephone number	
Current school			<input type="checkbox"/> Home educated <input type="checkbox"/> Not known

Section Two – Behavioural Needs & Concerns

Reasons for referral:

Please supplement the ticked boxes with a brief summary of current concerns and reported behaviours, including length of time the behaviours have been present and any relevant recent support given or pending.

Section Three			
<input type="checkbox"/> Aggressive behaviours	<input type="checkbox"/> Anxiety-related behaviours	<input type="checkbox"/> Mental Health Concerns	
When did issues arise? (approximate duration)			
Other Agency Involvement:	<input type="checkbox"/> Referred for an Autism Assessment	<input type="checkbox"/> Speech and Language/OT	<input type="checkbox"/> Previous CAHMS Referral
<input type="checkbox"/> Separate ongoing medical care (please specify)	<input type="checkbox"/> Social Care Involvement	<input type="checkbox"/> Other:	
Section Three - Parent/Carer Details and Consent (to be completed by parent/carers)			
Who holds parental responsibility for the child/young person?			
Forename		Surname	
Relationship		Main contact number	
Parent/Carer mobile			
Parent/Carer email			
Current Address (if different from above)			
<p>Parental consent</p> <p>I give my consent for the Wellbeing Support Service to have involvement with my child, and to contact other services (e.g. my child's GP, school, social services or other services) that have involvement with my child.</p> <p>Please state any services you would not want us to contact:</p> <p>_____</p> <p>I declare that the information I have provided is correct. I understand that this information will be kept securely on file (including in Children's Services information systems), to ensure my family receive appropriate services. It will also be used for statistical monitoring and evaluation purposes. The Wellbeing Support Service falls under Hampshire County Council which adheres to the requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA2018). Hampshire County Council is the data controller for the purposes of this collection. Hampshire County Council's full Privacy Notice can be found here https://www.hants.gov.uk/aboutthecouncil/privacy</p> <p>Name: (please print)</p> <p>_____</p> <p>Signed: _____ Date: _____</p>			

Photography consent

There may be circumstances where we would like to use photographs of your child to support the work we do with them. The photographs would be used for individual work purposes e.g. for use in writing a personal story or for celebrating events.

Our rules in relation to photographs of your child

- We will not include details or full names (which means first name **and** surname) of any child or adult in an image.
- We will not include personal e-mail or postal addresses, or telephone or fax numbers.
- We may use group or class images with very general labels, such as 'a science lesson' or 'making Christmas decorations'.
- We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.

We need your consent to take and use photographs of your child. If you agree to this, please sign the consent below.

Name: (please print)

Signed: _____ **Date:** _____

Section Four – Referrer Details – To be completed by Health Professionals Only

Forename		Surname	
Job Title/Profession			
Address <i>(including postcode)</i>			
Main contact number		Email address	
Date of referral			