**Youth in Mind**

**WRAP school request Form**

WRAP, which stands for “Wellness Recovery Action Planning”, is a 6 week group work programme run by Barnardo’s as part of the Youth in Mind partnership.

The wrap program is a program to support young people needing support with emotional wellbeing

This could be low self-confidence, Anxiety, worry, school refusal, stress any other emotional wellbeing struggles.

The WRAP group is not there to support young people that struggle with anger or aggression we are unfortunately unable to accept referrals of this nature.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Information** | | | | |
| Full Name: | | | | |
| Address: | | | | |
| Postcode: | | | | |
| Contact Number: | | | | |
| **Email:** | | | | |
| 6 children identified | | | Year group of young people | |
| Young people’s names  (this is so we can check if they are already know to wrap ) | | |  | |
| **REFERRER** | | | | |
| Name & Job Title: | | | | |
| Date of Referral: | | | | |
| Contact Number: | | | | |
| Contact Email: | | | | |
| **REASON FOR REFERRAL** | | | | |
| **What are the YP worried about?** (please tick)… | | | | |
| Safety – Abuse / Harm from Others |  | Safety - Harm to Self | |  |
| Family / Home Life |  | School Work / Exams | |  |
| Friends / Relationships |  | Bullying | |  |
| Physical Health / Illness / Disability |  | Emotional / Mental Wellbeing | |  |
| Discrimination |  | Drug / Alcohol Misuse | |  |
| Loneliness / Isolation |  | Other (please describe below) | |  |
| **More information** brief overview of why you feel the children would benefit from group support. | | | | |
| **RISK ASSESSMENT** | | | | |
| Please attach covid risk assessment for outside agencies | | | | |

**\*\*once form has been received we will make contact within one week of receipt to discuss needs and suitability. Once approved Individual forms will then need to be returned before work can commence.**

**INCOMPLETE REFERRAL FORMS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO REFERRER\*\***

PLEASE SEND COMPLETED REFERRALS

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