



Sutton Education Wellbeing Service - Application Form

Name of Child		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	Year group	Ethnicity	
NHS number			
Home address			
Child's school			
Does your child have a disability? If yes please specify	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Name of Child's GP			
GP Address			
Phone Number	Consent to inform GP of application to EWP program: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Parent/Carer			
Relationship to child			
First Language	Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day time telephone number	Evening telephone number		
Email address			
Which intervention are you interest in?	Anxiety <input type="checkbox"/> Top tips for managing worry (2-3 sessions) <input type="checkbox"/> Behavioural difficulties <input type="checkbox"/> Sleep hygiene (2 sessions) <input type="checkbox"/>		
Have you tried any other services? If yes please specify	No <input type="checkbox"/> Yes <input type="checkbox"/>		

Please give a brief description of the difficulties your child is experiencing, including the duration and the impact it is having on your child's everyday life:

What have you tried yourself already to help with these difficulties?

Are there any other things you think it would be helpful to let us know about? (e.g. parental relationship difficulties, recent bereavements or other changes in circumstances)

Completed by (name): Signature: Date:

Please return application form to your child's school via post or email