**Self-Referral Form**

**SEND Health Hub (COVID-19)**

* This form is for you to let us know what support you need
* You can tell us what is concerning you and what support you may have received
* Please provide us with as much information as possible
* If you need help to complete the form, please contact your School Nurse

|  |
| --- |
| **About this referral**  |
| * Please note the SEND Health Hub offers short term health, therapeutic and behavioural advice. If practical support and/or short breaks are needed please see the link below for the Manchester SEND Local Offer or speak to your School Nurse for further advice: [Manchester SEND Local Offer](https://hsm.manchester.gov.uk/kb5/manchester/directory/localoffer.page?localofferchannel=0)
* We accept referrals from Parents/Carers who have legal responsibility for the Child/Young Person
* We accept referrals for any Child/Young Person who has a GP in Manchester, attends a Manchester Special School and is experiencing difficulties due to the pandemic
* We will contact you when we have discussed your referral
 |

**Child/Young Person’s details:**

**Name:**

**Date of Birth:**

**Gender:**

**Address:**

**Postcode:**

**School:**

**Diagnosis:**

**Parent/Carer details:**

**Name:**

**Address (if different from above):**

**Phone Number:**

**Relationship to Child/Young Person:**

**Do you have legal responsibility for the Child/Young person being referred: Yes/No**

|  |
| --- |
| **Please describe the difficulties you would like help with** |
| **How long have these difficulties been going on for?** |
| **Are there other professionals involved with your Child or Young Person?**Eg. Teacher/Nurse/Therapist/Social Worker/Early Help/Short Breaks |
| How well do you feel you are coping with the difficulties you have described? (Please put a number in the box from the scale below)  **0 1 2 3 4 5 6 7 8 9 10** |
| **If you require an interpreter, please let us know which language:**  |
| **Full Name: Today’s date:** |

***Please return completed forms by email to:*  mft.****manchestersendhealthhub@nhs.net**

*Forms can also be posted to SEND Health Hub, Gorton Children & Young People’s Therapy Centre, 48 Blackwin Street, Gorton, Manchester, M12 5JY.*

*Please note that to ensure the data security of patient identifiable or sensitive information sent by email, all emails sent to us should be encrypted. This can be done easily by including [encrypt] in the subject line of your email. For example -* ***Subject: [encrypt] Referral for my son/daughter.*** *This will ensure the security of any information included in the email, including any attached documents.*