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Mental Health Support Team  
Workshop Application

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Case Number: (office use only)
Date Received: (office use only)

<b>Parent/Carer Details</b>			
Name:			
Address:			
Postcode:			
Telephone Number:		Email Address:	
Gender:		Ethnicity:	
<b>Child Details</b>			
Name:			
School:		Year:	
Gender:		Ethnicity:	

Are you the child's:	<input type="checkbox"/> Parent <input type="checkbox"/> Carer
Relationship to child:	



Do you have a preferred time of day for the workshop?		
<input type="checkbox"/> Morning session	<input type="checkbox"/> Afternoon session	<input type="checkbox"/> Evening session
<input type="checkbox"/> Lunchtime session	Comments:	

Have you/your child ever had mental health support in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(if yes) Details:	
Any other details: (eg. Physical health issues, housing issues etc.)	

I confirm I have access to zoom:	<input type="checkbox"/> Yes
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Please complete and send this form to:  
[trailblazer@mindinwestessex.org.uk](mailto:trailblazer@mindinwestessex.org.uk)

