**Request for Specialist Services**

**Asylum Seeker and Refugee (ARC), Consultation**

**PLEASE EMAIL\* THIS FORM TO** awp.camhsarc@nhs.net
\*Please ensure you follow your organisational policy on emailing information securely.

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| **Child / Young Person**  |
| Surname:  | First name(s): |
| DOB:  |
| NHS Number (if known) Liquid Logic No (if known):  |
| Address:  |
| Postcode:  |
| Contact number for child/young person: |
| **Person(s) with parental responsibility** |
| Parent/Carer/Residential Manager Full Name and Relationship to Child/young person: |
|  Parent/Carer/Residential Manager address (if different from above):  |
|  Parent/Carer/Residential Manager contact number: Mobile  |
| Name and Address of person with legal responsibility (if different from above) |
| Please ensure you have obtained consent for the consultation.Has the person with legal responsibility consented to the consultation? Yes (please check box) [ ]  |
| Name and Address of GP:  | Name and Address of School/college:  |
| Ethnicity**:** Please choose from drop down listChoose an item.Other please state: | GenderPlease choose from drop down listChoose an item. |
| Consultation requested by:  |  |
| Job title |  |
| Contact telephone number  |  |
| Email address |  |
| Date Consultation Requested |  |
| Is the Child/Young Person under the care of another AWP CAMHS team? |  |
| Consultation InformationPlease consider: What you’re worried about, What you’d like from this consultation |
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|  In the consultation, we may ask you about the following: * PTSD presenting symptoms (sleep difficulties, flashbacks, nightmares, hypervigilance, dissociation, behavioural issues)
* Family context and any relevant life events (e.g. events that led to arrival in UK).
* Previous displacement and risk of potential placement breakdowns
* Any risk & safeguarding concerns?
* Interventions tried and external agency involvement
* Strengths, interests, and resilience

The consultee to bring in the voice of the child/parent/carer into the process.  |