

Mental Health School Teams' Childcare Hub Consultation Request Form

Please use this form to request a consultation from the mental health support teams. Once completed send this form electronically to referrals.LiverpoolYPAS@nhs.net. Please put **MHST Consultation referral/request** in the subject box.

Childcare Hub Name	
Your Name	
Your email address	
Date	

Please tick below to indicate the type of consultation needed and give details in the box below. If you are referring to a child please leave their details off the form for data protection purposes.

Activity

Tick

Consultation/advice around a specific individual (please don't include names)

Consultation/advice around staff wellbeing

Consultation/advice about mental health support in our hub

Please give details below:

Action/follow-up from MHST (to be completed by MHST duty lead):

