

Schools Offer Contact Form

**Request for Support for Group Work**

**Note: Completing this request is not a guarantee that a service will be provided. This is the first step in negotiating with you what, if anything, we can offer. We will try and offer support where we can or signpost you to another appropriate agency.**

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| **SCHOOL** |  |
| **Name of person makingthis request** |  |
| **Contact details – emailand phone number** |  |
| **Date** |  |
| **Number of pupils involved** |  |
| **School year**  |  |

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| --- | --- | --- | --- |
| **Please confirm you have gained consent(Please tick below)Yes** |  | **No** |  |

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| **What are the main identified needs: (Please tick one from table below)** |

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| --- | --- | --- | --- |
| Risk and Safety Awareness |   | Friends and Relationships |   |
| Feelings and Behaviour |   | Confidence and Self Esteem |   |
| Youth Participation |   | Fire Safety |   |
| Offending Behaviour and Consequences – i.e.: Criminal Records |   | Anti-Social Behaviour and Impact on Others |   |
| Internet Safety |   | Inappropriate Use of Social Media |   |
| CSE |   | Youth Homelessness Awareness/Prevention |   |
| Supported sessions using digital badges (accessible online resources on a range of topics) such as:Budgeting at different levels; Homeless awareness/prevention; Positive relationships; and Post 16 options(to include Working for Success) |   |

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| **What outcome do you want us to deliver?** |
| **Any additional information:** |
| **Please return completed form to** youth.support@cumbria.gov.uk |
| **OFFICE USE ONLY** |
| **Allocation** |
| **Officer** |  |
| **Area** |  |
| **Summary details of service**  |   |
| **Time scales** |   |
| **Reason fornon-allocation** |  |
| **Date response sent to referrer** | .  |