mind in West Essex
for better mental health

Mental Health Support Team
Workshop Application

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

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

Are you the child's:	☐ Parent ☐ Carer
Relationship to child:	

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

I confirm I have access to zoom:	☐ Yes

Please complete and send this form to:
trailblazer@mindinwestessex.org.uk