

This is the Gender Experience Summary (GES) that was outlined in the recent letter you were sent. This form should be completed by you with your parent/guardian. This form will help you need for the Childrens and Young People's (CYP) Gender Service. Whether you choose to complete this form or not, and whatever answer you give, your place on the waiting list will not be affected.

Your referral to the GIDS at the Tavistock and Portman NHSE foundation Your referral to the GIDS at the Tavistock and Portman NHS Foundation Trust has now been passed onto a national waiting list managed by NHS Arden and GEM Commissioning Support Unit on behalf of NHS England. The team who manages the waiting list is called the Children and Young People's Gender National Referral Support Service. Your personal details remain confidential and are being held securely.

If you are struggling to complete this form online please contact us on agem.cyp-gnrss@nhs.net and let us know how you would prefer to complete the form:

1. By post– if you prefer a paper copy that can be returned.
2. By phone– if you need help to complete the form by talking to someone.

Completing the form:

- Please provide as much detail as possible on this form.
- The process of completing this form might help you to think about any additional support needs that you may have. In order to help with this, we will send a copy of the completed form to your GP. This will allow them to support you locally, if needed, whilst you are on the waiting list.

We may contact you if we need more information.

Immediate support:

We know that there are long waiting times for Children and Young People's Gender Services. If you need extra help or support whilst you are on the waiting list, please contact your GP for advice and access to local support services.

I am almost 17 what do I do?

The team at the Children and Young People's Gender National Referral Support Service are actively managing the waiting list. This includes identifying young people who are approaching 17 years and who will be removed from the waiting list for Children and Young People's Gender Services because of their age, and advising them to discuss with their GP whether a referral to an adult gender service is right for them. As the first step in this process, we suggest that you complete the GES and return it to us – we will then forward it to your GP so that they have up-to-date information on your support needs. The Gender National Referral Support Service will then contact you when you are removed from the Children and Young People's waiting list. If, after that, you and your GP agree that a referral to an adult gender service is right for you, the adult gender identity clinic of your choice will add you to their waiting list based on the initial date of your referral to GIDS, so you will not lose any time.

1	Date of completing the form	
2	Name of the person completing the form (if not the young person, please state your relationship to the young person)	
<p><i>Please note that all further questions relate to the young person who has been referred to Children and Young People's Gender Services.</i></p>		
3	What is your full legal name (if different from your preferred name)? This is the name that appears on your birth certificate, passport or other legal document.	
4	What is your Date of Birth?	
5	What is your NHS number?	
6	Do you have a preferred name? This may be different from your full name that appears on your birth certificate or other legal document.	
7	What are your preferred pronouns (e.g., he, she, they)?	
8	Have you changed your name by deed poll? If yes, when?	
<p>For more details: https://www.gov.uk/change-name-deed-poll</p>		
9	What is your current address?	
10	What is your current post code?	
11	How do you describe your gender identity? You may choose to give information how you express yourself in your chosen gender identity, how long you have been expressing yourself in your chosen gender identity, and if you feel able to do this everywhere or only in some place (e.g., at home, at school etc.)	
12	How do you hope that a Gender service could support you?	

13	Who do you live with?	
14	Who are the main people who support you?	
<p><i>The next question is about any support that you may have already received related to your gender identity. This might be support available through the NHS or support outside of the NHS. Your answers will not affect your place on the waiting list.</i></p>		
15	<p>Have you received, or are you currently receiving professional support related to your gender identity?</p> <p>This might include support through the NHS, the private sector or from abroad. This may include wider support such as counselling or support groups, or medical support such as hormone treatment. Please briefly describe what support you have received.</p>	
<p><i>The next set of questions are about your mental health. The process of completing this form might help you to think about any additional support needs that you may have. In order to help with this, we will send a copy of this form to your GP. This will allow your GP to support you if you are not receiving support locally for your mental health. Your answers will not affect your place on the waiting list.</i></p>		
16	<p>Are you currently experiencing, or have you experienced in the last month, any of the following:</p>	<p>Please tick:</p> <p><input type="checkbox"/> Have you had thoughts of hurting yourself?</p> <p><input type="checkbox"/> Have you had thoughts of hurting yourself?</p> <p><input type="checkbox"/> Have you done anything to hurt yourself?</p> <p><input type="checkbox"/> Low mood</p> <p><input type="checkbox"/> Other mental health issues (please specify)</p>
17a	<p>If you have ticked any of the above, please provide further explanation:</p>	

18	Have you experienced bullying? This might include bullying that has happened in the past or bullying that has happened recently. This includes all types of bullying.	
<p>Please click here for access to resources that can support you: https://www.ardengemcsu.nhs.uk/services/clinical-support/national-referral-support-service-for-the-nhs-gender-incongruence-service-for-children-and-young-people/</p>		
19	Are you involved with children and young people's mental health service (CYPMHS) also known as Children and Adolescent Mental Health Services (CAMHS)?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No
20a	If you answered yes to the above, how often do you see CYPMHS/CAMHS and what support are they offering?	
20b	Please provide details of the mental health support service (CYPMHS/CAMHS) that you are involved with:	
20c	If you have not yet been seen by CYPMHS/CAMHS, are you on a waiting list to be seen by them?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<p><i>The next set of questions are about Attention Deficit Hyperactivity Disorder (ADHD) and autism. The process of completing this form might help you to think about any additional support needs that you may have. In order to help with this, we will send a copy of this form to your GP. This will allow your GP to refer you for extra support locally if you are not already receiving this. Your answers to these questions will not affect your place on the waiting list.</i></p>		
21	Have you been diagnosed with ADHD or autism, or have you been referred for an assessment?	
22	Have you been referred to a services specialising in ADHD or autism?	
23	Where have you been seen or referred for ADHD or autism?	
24	Is there any other information you would like to share with us?	

<p>Please ask your parent or guardian to complete this final section of the form with you. All of these questions relate specifically to the child or young person on the waiting list for Children and Young People's Gender Services.</p>		
25	Where should all NHS correspondence relating to Gender Services be sent?	
26	How does the family of the young person feel that the Gender Service could support the young person?	
27	What is your preferred method of communication?	Pick tick: <input type="checkbox"/> Email <input type="checkbox"/> Post
28	Who has parental responsibility for the child or young person?	
29	Are there any individuals who have significant caring responsibility for the child or young person?	
30	Do any of the following arrangements apply to the child or young person?	Please tick all that apply: <input type="checkbox"/> Looked after child <input type="checkbox"/> Kinship foster care <input type="checkbox"/> Special Guardianship <input type="checkbox"/> Child arrangement for residence order
31	Does the child or young person have, or have they ever had, a Child Protection Plan or a Child in Need plan?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No
32a	If yes please specify	
32b	If the child or young person is a Looked After Child, what is the name and address of their Local Authority?	
32c	Does the child or young person have a social worker?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No

32d	If 'Yes' please provide their name and contact details (e.g., mobile phone and email address)	
33	Why does the child or young person have a social worker?	
34	If the child or young person has been diagnosed with ADHD or autism, or has a referral for an assessment in place, please indicate which services will be undertaking, or have undertaken, the assessment:	

Thank you for taking the time to complete this form. This form has now been sent to the Children and Young People's Gender National Gender Referral Support Service who manage the waiting list. A copy of this form will also be sent to your GP so that they can offer you extra support if you need it. Your place on the waiting list has not been affected. For further information about Children and Young People's Gender Services, or for access to resources that you might find helpful, please visit <https://www.ardengemcsu.nhs.uk/services/clinical-support/national-referral-support-service-for-the-nhs-gender-incongruence-service-for-children-and-young-people/>

