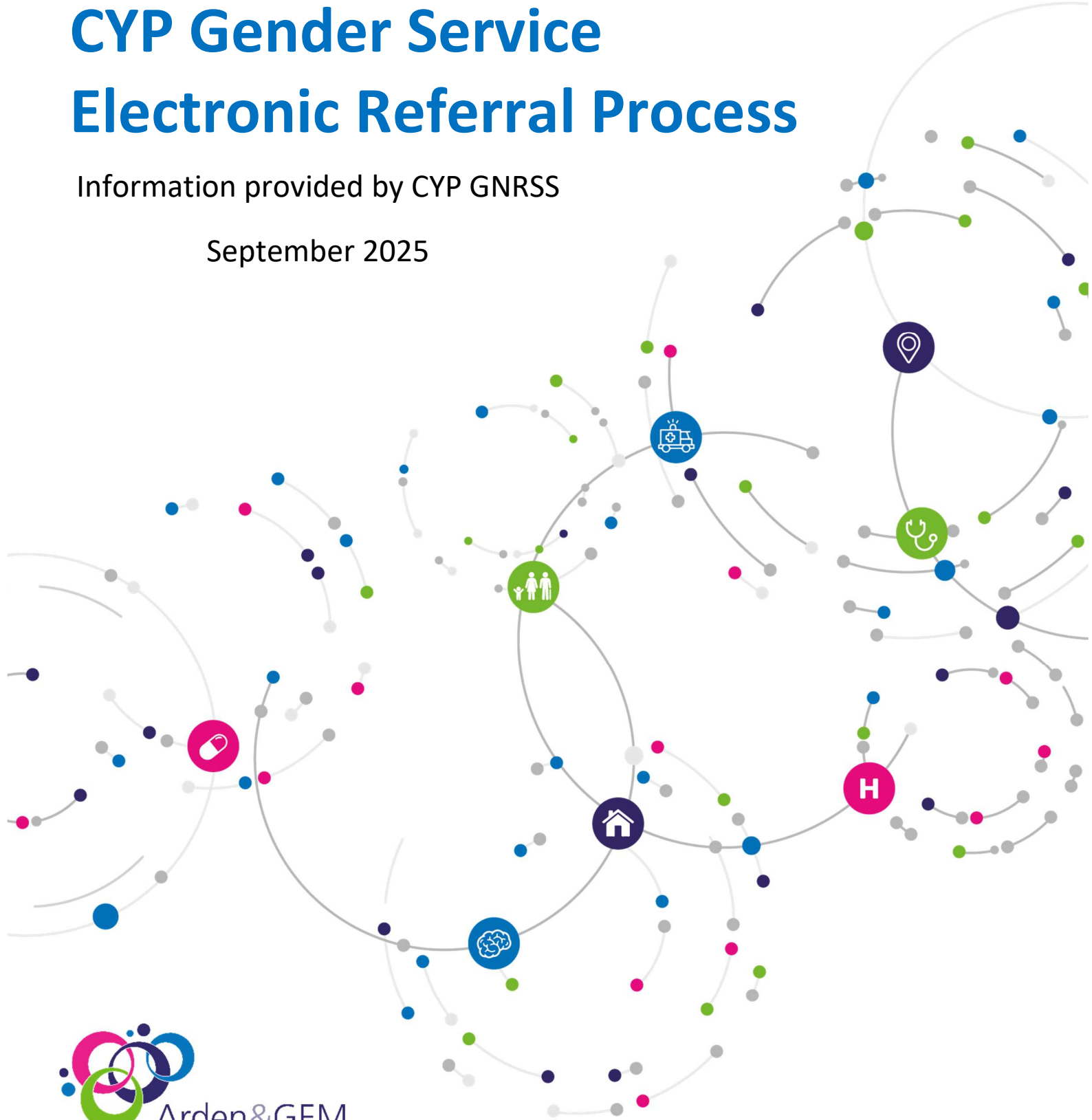


CYP Gender Service Electronic Referral Process

Information provided by CYP GNRSS

September 2025





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Guide background

At the request of NHS England an internet based electronic CYP Gender Service Referral Form was developed. The platform and the electronic referral form provide referrers with a digital online solution that enables completion of the information required by the CYP Gender Services in an accessible and updateable format.

This approach reduces the time between submission and receipt of the referral and ensures that all the mandatory information needed is provided at the point of referral. Reducing the need to make follow up requests and most importantly ensure that essential clinical and risk information is detailed at the point of referral.

This guide explains the process on how to submit an electronic referral for CYP Gender Services by NHS Trust CYP Mental Health Teams (previously known as CAMHS) and NHS Hospital and Community Paediatric Services. Referrals for children and young people to a CYP Gender Service can only be submitted by NHS Trust providers as detailed above.

Electronic referral form platform

Access the CYP Gender Service Electronic Referral Platform, is via the CYP NRSS webpage [National Referral Support Service - AGEM Gender Services](#) which contains the link to the platform, the latest guide and any updated information that will be helpful when making a referral.

The first page when accessing the platform via the link is below. It is necessary to complete the following information to start the process and receive a link to complete the form. This is required to enable multifactorial authentication and will be included in the referral form automatically.

- The Referrers Full name
- The Referrers job title
- The Referrers email address to receive the link to fill out the form
- Patient's NHS Number
- Patient's First Name
- Patient Surname
- Patient's DOB

This will enable the portal to check the referrers email address to confirm it is an NHS digital email address and flag any requests that are not coming from an NHS email account. A referrer will need to have an nhs.net or NHS trust email address ending in nhs.uk to be able to submit the information. A mobile number is also required for the authentication process, which can be changed on the form before it is submitted. The picture below shows what the referral platform looks like and where you enter the details.

Referrer Details

Referrer First Name	<input type="text"/>
Referrer Surname	<input type="text"/>
Referrer Job Title	<input type="text" value="Please select..."/>
Email Address	<input type="text"/>
Mobile Phone Number	<input type="text"/>
Please only enter a UK mobile number in this format: 07700 900000. We will use it to text verification codes.	

Patient Details

Patient NHS Number	<input type="text"/>
Patient First Name	<input type="text"/>
Patient Surname	<input type="text"/>
Patient Date Of Birth	<input type="text" value="dd/mm/yyyy"/>

Submit

Once the information has been entered into the fields above then the submit button can be pressed. Please note that email address and mobile number can be amended on the referral form once it has been created.

If the NHS number is already known to us, the system will generate a message to your email address which is detailed below. If this message is received, please email the address given and the matter can be discussed as the patient may be active on the waiting list or have been closed.

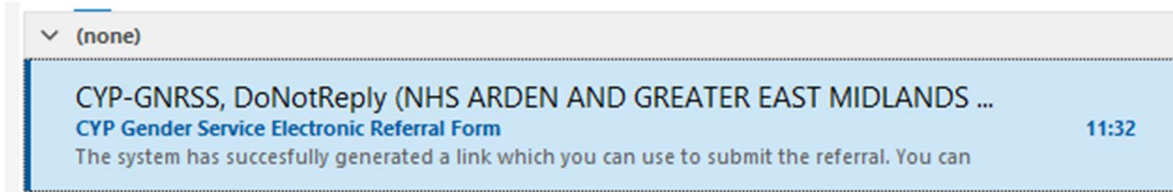
Email message:

There is an issue relating to this referral or submission, please email CYP NRSS at agem.cyp-nrсс@nhs.net and one of the team will be in contact to assist.

Once the submission for a new referral has been made, the following screen will appear and advise that an email has been sent to the address given.

A link has been successfully sent to the provided email. Please follow any instructions there.

An email from CYP-GNRSS will be received to the email address from CYP-GNRSS Donotreply as shown below.



The email states that:

The system has successfully generated a link which you can use to submit the referral. You can also use it to view the referral. Accessing the form requires verification. We will verify you using the mobile phone number you provided to us. You now have 28 days to submit this referral. To access the referral form, please click [here](#). Alternatively, you can also copy this link to your browser's address bar:

<https://www.blueteq-systems.co.uk/master-system/Identity/Account/CypReferralLogin?userId=3abbc0b9-7cc4-48cb-b960-e8dae55db688&token=Q2ZESjhNVDlwVGFDSVhaT3FzcUIHMnRvcTFzL0RyYlMrck4zcE9MeGZRV1IEV0wxU1U1MFFadE5XMWR4aGZ5L0cWdGRzQUpQVVVyZjNsdWlhNXlmbnZPcWNsbTArWENXaUhpYXdmQm0xVUJWckl6UXRYOXcyTUVmdUt5bUx0L2JtOXFkQVU2M0dkZjZUaGRHZXppRmFnZDZHNDNscFZndlFET3VwQlpCcDVScXhWWHlaSWVQU29wQ2dpUVZld1RmSnc4VzljakVuTkVMNHlteGM0VUVXR0VsNlrlL0JsSzNGSKNHTnN1Y2hmTmlxK3pk>

You will then select the Send Code button and receive a text message



Two Factor Authentication

Authenticate Your Account

Click the send code button to send an authentication code to *****2022.

Send Code

Once the Send Code button has been chosen a text message will be sent within a few minutes from Blueteq and say your login code is: [a 6-digit number]. The screen below will also appear.

The number in the text message is then entered into the Two Factor Authentication screen and then submitted. If the text does not arrive within a few minutes, then the Resend Code can be used.



Two Factor Authentication

Authenticate Your Account

Click the send code button to send an authentication code to *****2022.

Code:

Resend Code

Submit

Resend code in **1m 57s**



Code Sent

A code has been sent to your device.

Once the code is submitted then a referral form will appear. All the details entered on the first screen in the process will automatically be entered into the referral form. It is at this point the form can be completed in full or incomplete and be saved in the system for up to 28 days. Every time the form is saved before being submitted a message will appear to say **Save Incomplete** with the message below.

Any other professional or agency involvement

Name	<input type="text"/>
Job Title	<input type="text"/>
Organisation	<input type="text"/>
Telephone Number	<input type="text"/>
Email	<input type="text"/>
What support is being offered?	<div style="border: 1px solid #ccc; height: 100px;"></div>

Save Incomplete
✕

The form has **not** been submitted yet, and you have 28 days from the initial email to come back and complete it. At this stage you can print the form using the 'Print' button.

CYP Gender Service Referral Form

The CYP Referral Form will start with the page below.

CYP Referral Form for CYP Gender Services

Form Information

Referrals to Children and Young People's (CYP) Gender Services are for any child or young person up to the age of 18 years who is experiencing gender incongruence and can only be accepted from NHS commissioned children and young people's mental health and paediatric services. Referrals from any other source will be declined and advised to contact either a CYP mental health or paediatric service.

Children and young people seeking support from gender services may have a range of other concerns including communication and relationship difficulties, bullying and discrimination, low mood, and anxiety, and/or self-harm. **Please ensure that support and risk management for presenting difficulties are put in place by services local to the child or young person.** These experiences are often linked to a young person's gender identity.

Local NHS funded CYP MH and Paediatric Services have experience of monitoring and managing risk, such as self-harm and suicidal ideation. These services can provide regular support to the young person and their families under their care or direct them to appropriate local support.

The Arden and GEM Gender National Referral Support Service (GNRSS) provides the waiting list management service, on behalf of NHS England, for children and young people to access CYP Gender Services. All referrals must be completed using this form.

Please complete all the sections in this referral form to avoid delays in processing the referral. GNRSS use contact information provided by referrers to contact patients so please ensure that telephone and email addresses are complete as well as home address. The preferred method of contact with a patient, carer or family is via email so please provide this where possible.

Details of parental responsibility, consent and preferred contact methods are essential. If they are not provided, then your referral is likely to be rejected.

If information is not initially provided, we will have to follow this up which may delay the referral being processed.

Please note that CYP Gender Services only see young people up to the age of eighteen.

Young Person Details

All correspondence should be addressed to

- Legal guardian and young person
- Young person only (16+)

Young Person Details	
All correspondence should be addressed to	<input type="radio"/> Legal guardian and young person <input type="radio"/> Young person only (16+)
Referral consent from young person	<input type="radio"/> Yes <input type="radio"/> No
Referral consent from Parent(s)/ legal guardian	<input type="radio"/> Yes <input type="radio"/> No
Who holds parental responsibility for the young person?	<input type="radio"/> Parents (both) <input type="radio"/> Parent (one) <input type="radio"/> Guardian <input type="radio"/> Other
Do any of the following apply?	<input type="checkbox"/> Asylum seeking or an unaccompanied minor <input type="checkbox"/> Child Protection Plan (specify which categories?) <input type="checkbox"/> Special Guardianship <input type="checkbox"/> Child in Need Plan <input type="checkbox"/> Care Order <input type="checkbox"/> Child Arrangement Order
Please add relevant information where parental responsibility is not with the parent (including details of any care orders that may be in place)	<div style="border: 1px solid black; height: 60px;"></div>
Date of initial referral to CYPMH/Paediatric Services	<input style="border: 1px solid red;" type="text" value="dd/mm/yyyy"/>
Date of first appointment at your service	<input style="border: 1px solid red;" type="text" value="dd/mm/yyyy"/>
Date of birth	10/10/2025

The red element within the form indicates a mandatory field that will need to be completed before the referral can be submitted. The referral can be saved at any point without being submitted.

The Date of initial referral to services – this is the initial date to CYPMH/Paediatric services, usually from a GP or others, regarding a young person’s gender. Please use that referral date to ensure a young person is not disadvantaged regarding the waiting list date due to the changes in pathway since September 2024.

Please complete as much detailed information as possible as this is helpful to the receiving CYP Gender Service.

This is the final page of the form. You have 3 options:

- **Save Incomplete** – this can be used at any time prior to submission and within 28 days
- **Cancel** – this can be used to cancel the referral at any point until the referral is submitted

- **Submit to the waiting list** – this should be used when all the information has been included in the referral to submit the referral to the waiting list.

An incomplete referral form will be available for 28 days via the link sent by the system to the referrer. If the referral form is not completed and submitted, the referral will timeout and not be available and the process would then need to start again. It can be printed as well at this stage, however it must be processed and submitted within 28 days, or it will be lost.

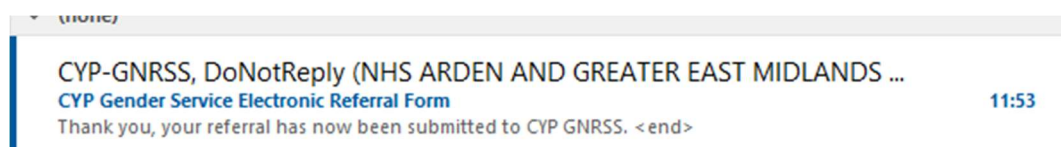
Any other professional or agency involvement	
Name	<input type="text"/>
Job Title	<input type="text"/>
Organisation	<input type="text"/>
Telephone Number	<input type="text"/>
Email	<input type="text"/>
What support is being offered?	<div style="border: 1px solid black; height: 60px;"></div>


Save Incomplete Cancel Submit to the waiting list

The referral can be submitted in a single process, please note that if you save the referral and do not submit, you will not receive any reminders that the referral is waiting to be completed.

When the Submit to the waiting list option is chosen, if any mandatory information is required the system will advise and you will be taken to the mandatory field that needs completion. Once all mandatory fields have been completed and the Submit to the waiting list option is chosen the referral will be submitted. If successful, no message is displayed and the screen that appears is blank.


Once submitted an email from CYP-GNRSS will be received to the email address from CYP-GNRSS Donotreply as shown below which confirms the referral has been submitted.





CYP Gender Service Electronic Referral Form



CYP-GNRSS, DoNotReply (NHS ARDEN AND GREATER EAST MIDLANDS COMMISSIONING SUPPORT UNIT)
To  BROOKER, Charlotte (NHS ARDEN AND GREATER EAST MIDLANDS COMMISSIONING SUPPORT UNIT)

Thank you, your referral has now been submitted to CYP GNRSS.

If you have a query or an issue with the referral or submission, please email CYP NRSS at agem.cyp-gnrss@nhs.net and one of the team will be in contact to assist.

Contact details and queries

Information is available on the CYP-GNRSS webpage regarding any updates to this guide, referral requirements and helpful information for patients, carers/families, and healthcare professionals.

If you require support regarding the submission of a referral or the system/platform, please contact the team via email to agem.cyp-gnrss@nhs.net and one of the team will be in contact to assist. If you do need to contact use by telephone, please call 0300 131 6775.



Arden&GEM
Health and social care systems support

Get in touch with us at:

 www.ardengemcsu.nhs.uk

 [@ardengem](https://twitter.com/ardengem)

 contact.ardengem@nhs.net