|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REFERRAL FORM**  **Please indicate Service/s referring to** | | | | | |
| Hearing Impairment |  | Visual Impairment |  | Physical Impairment  Medical Inclusion |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of referral |  | | | | | |
| Name |  | | | | Male | Female |
| Date of birth |  | | | | | |
| Address |  | | | | | |
|  | | | | | |
| Preferred communication method/s:  Telephone Number:  Email Address: | | | | | |
| Name of Parent / Carer | | | | | | |
|  | | | | | | |
| Referred by | | | Name:  Role:  Contact Details: | | | |
| Reason for Referral  (Diagnosis/concerns) | | |  | | | |
| Consultant/s  Other agencies involved | | |  | | | |
| G.P. | | |  | | | |
| School/setting | | |  | | | |
| **Additional Information** | | | | | | |
| **Action Taken** | | | | | | |
| **Home Language** | | Interpreter required Yes/No | | | | | |
| **Ethnic Group** | | | | | | | |
| Asian Including Asian British | | | | Bangladeshi 🞎 Indian 🞎 Pakistani 🞎 any other Asian Background 🞎 | | | |
| Black including Black British | | | | African 🞎 Caribbean 🞎 any other Black background 🞎 | | | |
| White | | | | British **🞎** Irish 🞎 Gypsy/Roma 🞎 Traveller of Irish Heritage 🞎 any other White background 🞎 | | | |
| Mixed / Dual | | | | Asian & White 🞎 African & White 🞎 Caribbean & White 🞎 any other Mixed background 🞎 | | | |
| Others | | | | Chinese 🞎 Asylum Seeker / Refugee 🞎 any other Ethnic Background 🞎 | | | |

**The following declaration is to be read and signed by the child’s parent/guardian prior to any intervention taking place**.

|  |
| --- |
| I agree to (child’ name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, receiving a service from the team/s.  **I agree that professionals from Health, Education and Social Services can exchange and share this information where appropriate.**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Social Worker (if relevant) ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Person holding parental responsibility) |

**If you wish to discuss this beforehand or have any concerns please do not hesitate to contact the Service.**

###### **PRIVACY NOTICE**

Your information will be processed in accordance with the Data Protection Act 2018 and General Data Protection Regulation. Further information relating to how this service processes information can be found at <https://www.dudley.gov.uk/privacy-disclaimer-statement/peoples-directorate-education-outcomes-specialist-inclusion-childrens-services-privacy-notice/>

Please return form to Specialist Inclusion Services

(address as heading)