**Child/young person’s personal details**

|  |  |
| --- | --- |
| **Surname** |  |
| **First name(s)** |  |
| **Date of birth** |  |
| **Home address** |  |
| **Preschool/nursery/school/college** |  |

**Parent/carer details**

|  |  |
| --- | --- |
| **Name(s)** |  |
| **Contact number(s) - home** |  |
| **Contact number(s) - mobile** |  |
| **Email address** |  |

**Team(s) being referred to:**

**Deaf and hearing support Vision Impairment Physical disability**

**Referrer details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Occupation** |  |
| **Contact number** |  | **Date of referral** |  |
| **Email address** |  | | |
| **Reason for referral** |  | | |
| **Briefly outline any additional needs** |  | | |
| **Other agency involvement** |  | | |
| **To progress this referral, the Sensory and Physical Support Service will:** | | | |
| Visit your home and/or educational setting to assess your child and provide advice, guidance and/or direct teaching support. | | | |
| Work in partnership with parents, carers and other professionals such as educational settings, other LA services and social care. | | | |
| Contact you and provide details of external events, useful links and key information relating to your child’s hearing, vision and/or physical impairment. | | | |

|  |  |
| --- | --- |
| **Liaison with health professionals** | |
| There may be occasions when we need to access information from health professionals. To do so, we require your consent to obtain up to date information about your child’s needs ***on an ongoing basis.***  **Please tick below to consent to ongoing liaison with the following services:** | |
| Health teams including, but not limited to, audiology, orthoptists, physiotherapists, OT, SALT, Community Paediatric Service and health visiting teams |  |
| Teams based at Manchester Royal Eye Hospital |  |
| Audiology Team based at Manchester Auditory Implant Centre |  |

|  |  |
| --- | --- |
| Parent/carer’s name |  |
| Signature |  |
| Date of signature |  |

**All referrals should be either sent via secure email to: sapss@oldham.gov.uk**

**Or posted to:** Sensory and Physical Support Service, Oldham Council, Oldham Council Offices, Spindles Shopping Centre, George Street, Oldham, OL1 1HD

All information is processed in accordance with the Council’s data protection policy at [www.oldham.gov.uk/dataprotection](http://www.oldham.gov.uk/dataprotection)