***Croydon Sensory Support Service***

**REFERRAL REQUEST**

Please tick the box(es) for the services you are referring to:

Hearing

Vision

**Baby/Child/Student Details**

|  |  |
| --- | --- |
| First Name: | Family Name: |
| Date of Birth: | Gender: Male  Female |
| Ethnicity: | Language(s) spoken at home: |
| Address: | |
| Educational Placement: | |

**Parent/Carer Details**

|  |  |
| --- | --- |
| 1. Parent / Carer name: | |
| Relationship to child or young person: | |
| Parental responsibility? Yes  / No | |
| Address: | |
| Daytime telephone number: | Mobile Number: |
| Email address: | |

|  |  |
| --- | --- |
| 1. Parent / Carer name: | |
| Relationship to child or young person: | |
| Parental responsibility? Yes  / No | |
| Address: | |
| Daytime telephone number: | Mobile Number: |
| Email address: | |

**Reason for Referral**

|  |  |
| --- | --- |
| **Details of Hearing/Vision**  (please attach most recent audiogram/clinic letter) | |
| **Hearing aids/glasses/other prescribed?** Yes  No  **Details:** | |
| Name of Hospital/Clinic: | Hospital Number: |
| Name of Consultant: | |
| Other professionals involved: | |

**Referral made by**

|  |  |
| --- | --- |
| Name of person making this referral: | |
| Designation: | |
| Signed: | Date: |

**Parent/Carer Consent**

For reference, the Croydon Education & Youth Engagement department privacy notice can be viewed at[**https://www.croydon.gov.uk/democracy/data-protection-freedom-information/privacy-notices/education-youth-engagement-service-privacy-notice**](https://www.croydon.gov.uk/democracy/data-protection-freedom-information/privacy-notices/education-youth-engagement-service-privacy-notice)

|  |
| --- |
| **I hereby give consent for:**  The Croydon Sensory Support Service to contact my child’s hospital for information about his/her hearing/vision: Yes  No  The Croydon Sensory Support Service to contact my child’s school regarding his/her hearing/vision: Yes  No  The Croydon Sensory Support Service to share information with other relevant health and education professionals: Yes  No  The Croydon Sensory Support Service to hold and use personal contact information to contact me about my child. The service will not share this contact information without your explicit consent: Yes  No  **Parent/Carer signature ………………………………………**  **(or student if 16+)**  **Please print name ……………………………………………….** |

**Please complete in consultation with parent/carer and return to:**

Croydon Sensory Support Service, 90 Central Parade (Area Office), New Addington, Croydon, CR0 0JB

Tel: 0208 760 5783 Email: [sensorysupportservice@croydon.gov.uk](mailto:sensorysupportservice@croydon.gov.uk)

***You are able to withdraw your consent for provision of services from CSSS at any time by using the contact details above.***