Sparklers Special Educational Needs and Disability Referral Form

Applicant Details

|  |
| --- |
| Name of individual with Need:  |

|  |
| --- |
| Address: |

|  |
| --- |
| Date of Birth of individual with Need: |

|  |
| --- |
| Email: |

|  |  |
| --- | --- |
| Contact Number:  | Alternative number: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referral Source*:*** Tick the correct one.1. Self- Referral
2. Organisation
3. Medical Professional
4. Psychologist or Therapist
5. Local Authority
6. Other

|  |
| --- |
| Other:  |

 | 1. | 1:1 Support (Assessment, Diagnosis, Reports, School Application) 2. Advocacy 3. Information4. Resources5. Social support and events

|  |
| --- |
| Other:  |

 | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |

***Declaration***

During the process of providing support, I give Sparklers Foundation permission to contact relevant organisations with regards to Special Educational Needs, Health, Social Care and Family wellbeing on my behalf.

Name……………………………. Date…………………………Signature:…………

Relationship to applicant…………………………………………………………………...

**Other Party’s Details (Professional or organisation referring)**

|  |
| --- |
| Name: |

|  |
| --- |
| Address: |

|  |
| --- |
| Email: |

|  |  |
| --- | --- |
| Contact Number:  | Alternative Number: |

|  |  |
| --- | --- |
| Organisation:  | Profession: |

|  |
| --- |
| Relationship to Occupant:  |

|  |
| --- |
| Reason for Referral: |

|  |
| --- |
| Any Other information: |

Name……………………………………………Date:……………………………..

Signature…………………………………………………………………………………

*Sparklers Foundation adheres to the Data Protection Act. Kindly refer to our Data and confidentiality policy on our website for more details.*