

## 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.

2.

3.

4.

5.

6.

1:1 Support (Assessment, Diagnosis, EHCP, School Application)

2. Advocacy

3. Information

4. Resources

5. Social support and events

Other:

1.

2.

3.

4.

5.

6.

### Declaration

During the process of providing support, I give Sparklers Charity 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 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 Charity adheres to the Data Protection Act. Kindly refer to our Data and confidentiality policy for more details.*