

­­­­­­­­­­­­­­The Old School House, School Road, Westonzoyland, Somerset, TA7 0LN

**Referral Form**

**The Referring Agency and Parent/Carer should complete this form together to ensure that consent is given for the referral to take place.**

**Completed forms should be sent to: Michelle Bull, Ups and Downs Southwest, The Old School House, School Road, Westonzoyland, Somerset, TA7 0LN or email to** **admin@upsanddowns.net**

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| **Details about the person with Down Syndrome** |
| **Name** |  |
| **Prefer to be known as** |  |
| **Address** |  |
| **Date of Birth (dd/mm/yyyy)** |  |
| **Gender** |  |
| **Information you would like us to know e.g. any medical information** |  |
| **Is there or has there ever been a CP Plan or Child in Need plan for this child? Yes/No** |

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| **Primary Carer Contact Details** |
| **Title** |  |
| **Full name** |  |
| **Prefer to be known as** |  |
| **Marital Status** |  |
| **Relationship to the child** |  |
| **Do you have Parental Responsibility?** |  |
| **Phone Number****Mobile Number**  |  |
| **Email** |  |
| **Address**  |  |

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| **Secondary Contact** |
| **Name** |  |
| **Relationship to Child** |  |
| **Do you have Parental Responsibility?** |  |
| **Phone Number****Mobile Number** |  |
| **Email** |  |
| **Address (if different from above** |  |

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| **Other important people to your Child****i.e. siblings** |
| **Name****Relationship**  |  |
| **Name****Relationship** |  |
| **Name****Relationship**  |  |

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| **Other agencies & professionals involved with Family** |
| **Name** | **Organisation – full address with post code, contact number and email address** | **Position** | **Permission to share information** | **Date** | **Date of review** |
|  |  |  | **Y/N** |  |  |
|  |  |  | **Y/N** |  |  |
|  |  |  | **Y/N** |  |  |
| **Has an EHA been completed on any of the children? Yes/No****Please give details:** |
| **Please give details of reason for the referral:** |

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| **About the Referring Agency** | **Name** |  |
| **Agency** |  |
| **Date** |  |
| **Contact Number** |  |
| **Address** |  |
| **Email** |  |
| **Health and Safety and Known Risks****Is the parent or the Referring agency aware of any issues or concerns that we need to know in order for us to work safely including lone working and home visits? This includes assaults, threat of assaults, intimidation, dangerous animals, weapons on the premises, visitors etc.** **Details:** |

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| **Please rank (1-5) the following services in order of importance to you:** |
| **Therapies** | **Family Events** | **Benefit Advice** | **Education Advice** | **Emotional Support**  |

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| **How would you like to be kept up to date with Ups and Downs SW information and news. Please tick relevant box** |
| **Email** | **Phone** | **Post** | **Text** | **I do not wish to be contacted (opt out)** |

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| **I/we authorise that my child’s image may be photographed, filmed, and be used in video, print and web presentations – Please tick Y/N** |  **YES** |  **NO** |

**I understand that the information gathered above will be stored securely (in a secure computer system) and anonymous statistical information will be created.**

**I understand that Ups and Downs Southwest will respect my right to privacy and will keep safe any personal details that I give you in line with the UK Legislation on Data Protection. The data on the form will only be used within Ups and Downs Southwest, and for the purposes of providing family support. Ups and downs do not sell or share any information with third parties, however if I agree in future, personal data may also be shared with other organisations who may provide support to my child. The data will be deleted in accordance with our data retention policy.**

**I understand that I have a right to be forgotten and can request that all my personal data can be expunged from our records subject to legal constraints. More information available on request.**

**I understand that when they are able to understand the content of the record your child has a right to see what is recorded about them and to request a copy. If they are not able to understand the content of the record you may be able to see the record on their behalf. Any request should be put in writing to: Ups and Downs Southwest, The old School, School Road, Westonzoyland, TA7 0LN.**

**Please indicate that you are happy for us to store your information in this way.**

**Signed………………………………………………………….**

**Print Name……………………………………………………**

**Dated……………………………………………………………**

**If you wish to exercise your right to opt out please indicate this by signing below. Family support services cannot be offered if you opt out due to our legal requirement to record.**

**Signed………………………………………………………….**

**Print Name……………………………………………………**

**Dated……………………………………………………………**

**Charity Number 1116381**