|  |  |  |  |
| --- | --- | --- | --- |
| Full name of Child or Young Person |  | DOB |  |
| Ethnicity |  | Gender |  |
| Email Address |  | Tel |  |
| Home Address |  | Postcode |  |

|  |  |  |
| --- | --- | --- |
|  | Parent/Carer 1 | Parent/Carer 2 |
| Full Name |  |  |
| Address (If Different) |  |  |
| Home Language |  |  |
| Telephone |  |  |
| Email Address |  |  |

|  |  |
| --- | --- |
| VI Diagnosis |  |
| Date of Diagnosis (if known) |  | Sight Loss Registration (CVI) |  |
| Unsure? [ ]  Sight Impaired? [ ]  Severely Sight Impaired? [ ]  Under Review? [ ]  |
| Any Additional Needs(eg learning, medical, mobility etc) |  |

|  |  |
| --- | --- |
| Referrer Name |  |
| Organisation and Role |  |
| Referrer Contact Details |  |

|  |
| --- |
| Reason for Referral and request for information |
| Families First [ ]  Dorton College [ ]  Social and Independence groups [ ]  Health and Wellbeing groups [ ]  Creative groups [ ]  Employment advice [ ]  Assistive Technology advice [ ]  Telephone Support Service [ ]  How did you hear about RSBC?  |
| Additional Information (including access and safety when doing home visiting – parking, pets etc) |  |

By signing this form, you give your consent for the referrer to share this information with RSBC. Your details will be stored confidentially by RSBC on a secure database in accordance with the General Data Protection Requirements (GDPR) and will be used to provide service information and ongoing support. Information would only be shared without your permission if you or a family member appears to be at risk of harm.

|  |  |  |
| --- | --- | --- |
| Name (Parent/Carer): | Signature:Verbal consent: [ ]  | Date: |

**Additional Permissions (to be completed after contact with the family)**

It is often helpful to be in contact with other professionals who are involved with you and your child to ensure a joined-up approach, I will always let you know who I speak with. Who do you think it would be useful for me to speak to? For example, education, health, QTVI, Mobility/Habilitation specialist.

Please indicate your agreement for me to contact these professionals.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Organisation | Contact Details | Consent to Contact? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Date of Last Multi-Agency Meeting (if applicable) |  |

**RSBC Permissions**

In addition to letting you know about our services, from time to time we would like to send you information about the work of our charity and how you can get involved. Please note that you can stop receiving this information at any time. Would you be interested in hearing about:

Events? Yes [ ]  No [ ]  Date:

News/Campaigns? Yes [ ]  No [ ]  Date:

Volunteering? Yes [ ]  No [ ]  Date:

|  |  |
| --- | --- |
| Signed: | Date: |

Please note that you have the right to obtain a copy of your personal information held by RSBC and can opt out of these data agreements at any time.