

RF1: Physical Impairment

For children of school age, please complete all fields within each section of this form.

Upon completion send to: Sensory&PhysicalSupportService@derbyshire.gov.uk.

If the child is not yet of school age, please complete an [Early Years SEN Panel Referral Form](#).

Section 1: Child Referred

First Name:

Address:

Surname:

Town:

DOB:

County:

Gender:

Male

Female

Postcode:

EHCP:

Yes

No

Home Tel. No:

Looked after child:

Yes

No

Section 2: School/Setting Attending

School/Setting Name:

Address:

Contact Name:

Town:

Position/Role

Postcode:

Contact Tel. No:

Borough Council:

Email:

Sch. Nurse Consulted?

Yes

No

Section 3: Referrer

Name:

Job Title:

Contact No:

Email:

Section 4: Reason for Referral

Section 5: Medical Professionals Involved

Please list all education and/or medical professionals involved with this child.

Profession	Name	Organisation	Contact Number

Section 6: Understanding Your Child

To be completed by parent/carers

Is an interpreter required to attend meetings etc.? Yes No If yes, in which language? _____

Section 7: Parent/Carer Consent

SPSS are committed to protecting your privacy in accordance with current GDPR regulations and will always treat your data as confidential. We will not share it without your consent unless we are required to do so by law or unless you or any other person will come to some harm if we don't. The information you provide will ONLY be used for the purpose of supporting your child's needs.

By signing below you are giving your consent for the personal information outlined above to be used for the purposes described but you have the right to withdraw your consent at any time by contacting: Sensory&PhysicalSupportService@derbyshire.gov.uk.

I/We are the parent/carers with parental responsibility and give permission for the SPSS team to:

Contact and share relevant information with other educational and social care professionals

Undertake visits and functional assessments according to your child's needs

Have access to and share general health and development information with other health professionals

Contact me using the information provided in the following tables

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Contact no: _____	Contact no: _____
Email: _____	Email: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

For further details on how we use your information, how we keep it secure, how long we keep it for, your rights and who to contact if you have any concerns on how we use it visit www.derbyshire.gov.uk/privacynotices or email gdpr@derbyshire.gov.uk or write to us at Data Protection Officer, Derbyshire County Council, Legal Services, County Hall, Matlock, DE4 3AG.