

# RF1: Physical Impairment

Please complete all fields within each section & upon completion email [physical.impairment@derbyshire.gov.uk](mailto:physical.impairment@derbyshire.gov.uk) or by post FAO Tina Grace, Physical Impairment Administrator, SEN Services, Grange Street, Alferton, DE55 7JA.

## 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	Parent/carer email:	_____

## Section 2: School/Setting Attending

School/Setting Name:	_____	Borough Council:	_____
Address:	_____	Contact Name:	_____
Town:	_____	Position/Role:	_____
Postcode:	_____	Contact Tel. No:	_____

Has the school nurse been consulted?    Yes      No

## Section 3: Parent/Carer Consent

Please note we cannot accept a referral without a parental consent.

By ☒ checking the boxes 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 Donna Carter at [physical.impairment@derbyshire.gov.uk](mailto:physical.impairment@derbyshire.gov.uk).

I/We are the parent/carer 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 professional

Name:	_____	Name:	_____
Relationship:	_____	Relationship:	_____
Date:	_____	Date:	_____

## Section 4: Referrer

Name:	_____	Dept/Setting:	_____
Contact No:	_____	Job Title:	_____
Email:	_____	Town:	_____

## Section 5: Medical Professionals Involved

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

Profession	Name	Organisation	Contact Number

## Section 6: Reason for Referral

Please provide details of the child's physical impairment or medical condition and details of relevant general health and development information. Where appropriate list any actions already taken and ensure you attach any supporting documents.

## Section 7: Understanding your Child

To be completed by parent/carer

To help us understand your child's difficulties please tell us something about them e.g. what are they like in outdoor situations, play, social situations, watching TV, etc. It would also be helpful if you could share any health and development information and any relevant medical details other than their physical impairment.

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

## Section 8: Data Protection

SPSS are committed to protecting you and your child's 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 as detailed in section 3.

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](http://www.derbyshire.gov.uk/privacynotices) or email [gdpr@derbyshire.gov.uk](mailto:gdpr@derbyshire.gov.uk) or write to us at Data Protection Officer, Derbyshire County Council, Legal Services, County Hall, Matlock, DE4 3AG.