

RF1: Vision Impairment

Please complete all fields within each section & upon completion email linda.willetts@derbyshire.gov.uk or by post FAO Linda Willetts, Vision Impairment Administrator, SEN Services, Grange Street, Alfreton, DE55 7JA.

Section 1: Child Referred

First Name: _____	Address: _____
Surname: _____	Town: _____
DOB: _____	County: _____
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Postcode: _____
EHCP: Yes <input type="checkbox"/> No <input type="checkbox"/>	Home Tel. No: _____
Looked after child: Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	

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.

I/We are the parent/carers with 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

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

Section 4: Referrer

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

Controlled upon completion

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 document.

Controlled upon completion

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 [Derbyshire Privacy Notice](#) or email gdpr@derbyshire.gov.uk or write to us at Data Protection Officer, Derbyshire County Council, Legal Services, County Hall, DE43AG.