

Derbyshire Vision Impairment (Children's Services) Habilitation/Mobility Referral Form

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

Section 1: Student Details

Student Full Name:	
Date of Birth:	
Gender:	
Address:	
Postcode:	
Home Phone Number:	

Section 2: Parent/Carer Information

Please note we cannot accept a referral without a parental consent

Parent/Carer Name:	
Parent/Carer Email:	
Parent/Carer Consent:	<p>I give permission for the Habilitation Specialist to work with my child locally and at school; and to share information with relevant organisations.</p> <p style="text-align: center;">Yes No</p>
Parent/Carer Signature:	
Date of Signature:	

Section 3: Referrer**Referral From:****Referrer Contact Number:****Referrer Email Address:****Referrer Signature:****Date of Signature:****Section 4: School/Setting Attending****School/Setting Name:****Address:****Postcode:****SENCO:****Tutor/Teacher:****Email Address:
(Used for visit notes)****Teaching Assistants:****Qualified Teacher for the
Visually Impaired:**

Any other difficulties:

(i.e., Hearing, Physical, Learning)

Section 6: Reason for Habilitation**Please detail any concerns or changes regarding mobility:**

(Please include transition information)

Section 7: Office Use Only

Visual		Mobility		Orientation		Sensory		Life Skills		Additional		Total	
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Students Views:

(Habilitation Specialist to complete this on home visit)

Parent Carer Views:

(Habilitation Specialist to complete this on home visit)

Section 8: Consent

SPSS are committed to protecting your privacy in accordance with current General Data Protection Regulations (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 do not. 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 Vision Impairment at sensory&physicalsupportservice@derbyshire.gov.uk.

Contact and share relevant information with other educational and social care professionals	
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Undertake visits and functional assessments according to your child's needs	
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Have access to and share general health and development information with other health professionals	
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Contact me using the information provided below	
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Name:		Name:	
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Relationship:		Relationship:	
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Signature:		Signature:	
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Date:		Date:	
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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, please visit:

[Derbyshire County Council – Privacy Notices](#)

Or Email: gdpr@derbyshire.gov.uk

Or write to us at Data Protection Officer, Derbyshire County Council, Legal Services, County Hall, Matlock, DE4 3AG.