

## **Derbyshire Vision Impairment (Children's Services)**

### **Referral Form**

Please complete all fields within each section & upon completion, please email the completed form to [linda.willetts@derbyshire.gov.uk](mailto:linda.willetts@derbyshire.gov.uk), or via post, FAO Linda Willetts, Vision Impairment Administrator, Inclusion Support Advisory Service (ISAS), Sensory and Physical Support Services, Vision Impairment, Derbyshire County Hall, Matlock, Derbyshire, DE4 3AG

#### **Section 1: Child Referred**

<b>First Name:</b>	
<b>Surname:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>EHCP:</b>	
<b>Looked after child:</b>	<b>Yes</b> <b>No</b>
<b>Any other information:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Home Phone Number:</b>	
<b>Parent/Carer Email Address:</b>	

## **Section 2: School/Setting Attending**

<b>School/Setting Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>School Borough Council:</b>	
<b>School Contact Name:</b>	
<b>School Contact Position/Role:</b>	
<b>School Contact Phone Number:</b>	

## **Section 3: Parent/Carer Information**

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

<b>Parent/Carer Name (1):</b>	
<b>Parent/Carer Phone No (1):</b>	
<b>Relationship to Child (1):</b>	
<b>Parental Consent (1):</b>	<b>Yes</b> <b>No</b>
<b>Parent/Carer Signature (1):</b>	
<b>Date of Signature (1):</b>	

<b>Parent/Carer Name (2):</b>	
<b>Parent/Carer Phone No (2):</b>	
<b>Relationship to Child (2):</b>	
<b>Parental Consent (2):</b>	<b>Yes</b> <b>No</b>
<b>Parent/Carer Signature (2):</b>	
<b>Date of Signature (2):</b>	

<b>Has the child had their vision checked in the last 6 months?</b> If no, please arrange a vision check with a medical eye specialist/optician before this referral is completed, or attach latest medical report.	
<b>If yes, by whom?</b>	
<b>Where was their vision checked?</b>	
<b>Is the child registered Blind/SSI/SI?</b>	<b>Yes</b> <b>No</b>
<b>Registration Number:</b>	

**Section 4: Referrer**

<b>Referrer Name:</b>	
<b>Referrer Occupation:</b>	
<b>Referrer Department:</b>	
<b>Referrer Contact Number:</b>	
<b>Referrer Email Address:</b>	
<b>Date:</b>	
<b>Referrer Signature:</b>	

**Section 5: Medical Professionals Involved:**

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

<b><u>Profession:</u></b>	<b><u>Name:</u></b>	<b><u>Organisation:</u></b>	<b><u>Contact Number:</u></b>

**Section 6: Reason for Referral**

**Please provide details of the child's vision 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 vision impairment. (Please use a separate page if required).**

## **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 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 Vision Impairment at [sensory&physicalsupportservice@derbyshire.gov.uk](mailto:sensory&physicalsupportservice@derbyshire.gov.uk).**

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

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](mailto:gdpr@derbyshire.gov.uk)

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