Hearing support referral form

Sensory Support Team – Hearing

Haringey & Enfield

**Child/Student Details**

|  |  |
| --- | --- |
| First Name: | Family Name: |
| Date of Birth: | Gender: |
| Ethnicity: | Language (s) spoken at home: |
| Address: | Any Other Professionals involved: |
| Resident Borough: | Audiology Clinic: |
| Interpreter Needed: | Does the child have an EHC Plan? |
| Educational Placement: | Name of SENDCO and Email: |

**Parent/Carer Details**

|  |  |
| --- | --- |
| 1. Parent/Carer Name: | 1. Parent/Carer Name: |
| Relationship to child or young person: | Relationship to child or young person: |
| Parent Responsibility: | Parent Responsibility: |
| Address (if different): | Address (if different): |
| Mobile Number: | Mobile Number: |
| Email Address: | Email Address: |

**Please complete any detail that you know about the hearing loss**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Hearing Loss | R | L |  | R | L | Additional Needs |
| Sensorineural |  |  | Mild |  |  |  |
| Conductive |  |  | Moderate |  |  |  |
| Mixed |  |  | Severe |  |  | Equipment issued: |
|  |  |  | Profound |  |  |  |
| Any other information | | | | | | |

**Referrers details:**

Referrers name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection Act 2018 Right to be Informed - Privacy Notice**

|  |  |
| --- | --- |
| Organisation collecting your information | Haringey Council’s Record of Processing Activities sets out full details of why and how we use personal information. You have a right to access the information that we hold and have inaccurate information corrected. Please see the information on the [Data Protection](http://www.haringey.gov.uk/contact/information-requests/data-protection) section of our website for details of our processing activities, your legal rights relating to how we use your personal data and how to exercise those rights. |
| Why we need your personal information | To provide you with Sensory Support Services. This includes assessments, advice, and intervention. |
| Data Protection Act 2018 basis for processing | Processing is necessary for compliance with a legal obligation |
| Details of statutory or contractual obligation | Children and Families Act 2014 (section 3), Education Act 1996 |
| Consequences of not providing the information | Example: Haringey council would be unable to investigate or respond to your complaint. |
| Who we might share your information with | Haringey Officers, DfE and Other professionals if required, schools, colleges, preschool settings, health, other professionals, other local authorities where necessary. |
| How long we will we keep your information | 25 years from DOB |

**Parental Permission:**

Please sign below if you are happy for your child to be referred to Haringey and Enfield Sensory Support Team. The team provides information, support and advice to families and schools in Haringey and Enfield. A qualified specialist teacher from the Sensory Support Team may arrange to see your child at school and contact you directly.

|  |  |
| --- | --- |
| Signed: | Name: |
| Referral Date: | Relationship: |

Please return this form to: [Sensorysupport@haringey.gov.uk](mailto:Sensorysupport@haringey.gov.uk)

For further information, please contact Bharti Solanki, Sensory Support Manager

* Email: [bharti.solanki@haringey.gov.uk](mailto:bharti.solanki@haringey.gov.uk)
* Mobile: 07929 781581
* Sensory Support Team: Floor 5, 48 Station Rd, Wood Green N22 7TY