

Referral Form
Sensory Support Team - Haringey & Enfield



Child/Student Details

First Name:	Family Name:
Date of Birth:	Gender:
Ethnicity:	Language (s) spoken at home:
Address:	
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:	2. 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			Equipment issued
Conductive			Moderate			
Mixed			Severe			
			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 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 or may contact you directly.

Signed:	Name:
Referral Date:	Relationship:

Please return this form to: Sensory.support@haringey.gov.k

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

Email: bharti.solanki@haringey.gov.uk

Mobile: 07929 781581