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**RICHARD CLOUDESLEY OUTREACH SERVICE
 FOR CHILDREN AND YOUNG PEOPLE WITH SENSORY AND PHYSICAL DIFFICULTIES
 REFERRAL FOR INDIVIDUAL SUPPORT**

1. Person Making the Referral

Your name:		Role:	
Name of school:		Date of request:	

2. Child/Young Person's (CYP) Details

Surname:	First name:	AKA/previous names:
Gender:	Date of Birth:	NC Year:
Current address:		
Hospital/Clinic Name:		NHS No:
Name(s) of Parents/Carer(s):	Parents/Carers' address (if different from pupil's address):	
Who has parental responsibility?	Does the child have a Child Protection Plan?	
	School attendance in past 12 months:	
Child/Young Person's ethnicity:	Child's home language:	
Is the Child/Young Person looked after?		

RICHARD CLOUDESLEY OUTREACH SERVICE

3. Factors which determined the decision to refer the CYP

Specific details of the child's needs:

Please attach as much medical information as possible

Brief summary of the concerns:

Current level of progress in English and Maths:

4. Parental consent

I / we fully understand and give consent for this referral

Signature of parent / carer:

Date:

I / we give consent for photos and video to be taken for assessment purposes / training / marketing *e.g. Newsletter, leaflets*

Signature of parent / carer:

Date:

I / we give consent for information for the outreach team to share information with partner organisations in relation to VI / HI support.

Signature of parent / carer:

Date: