

**SPECIALIST TEACHING SERVICE
VISION SUPPORT TEAM
REFERRAL FORM**



Please answer in BLOCK CAPITALS

Child/Young Person (CYP) information			
Legal first name:		DOB:	
Legal surname:		Gender:	
Other name		First language	
Is the CYP in care?	Y/N	Is the child adopted?	Y/N
CYP Home address			
Parent / Carer information (all those with parental responsibility)			
Name:			
Relationship:		Preferred language:	
Address (if different from above)			
Email address:		Telephone number:	
Name:			
Relationship:		Preferred language:	
Address (if different from above)			
Email address:		Telephone number:	
Referee Information			
Name of referee:			
Role:			
Address:			

Email address:			
Telephone number:		Date:	
Reason for the referral: Please give details of the visual difficulties			
Other factors educational or medical:			
For school/early years referrals:			
Current interventions/modifications			
Days early years setting is attended			

I confirm that the information given in this form is to my knowledge true, complete and accurate. The parents/carers of the named child or young person have been made aware of this request for the involvement of Leicestershire Vision Support Team.

For information see the Fair Processing Notice for LCC Education Services in the Children & Family Services Department:
<https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2018/5/9/education-services-fair-processing-notice.pdf>

Signed:

Date:

Printed:

Medical information	
Does the child/young person wear glasses or contact lenses?	Y/N
If so what for?	

Is the child registered Sight Impaired (SI) or Severely Sight Impaired (SSI)?	SI/SSI
Please give details of whether the child/young person has seen an ophthalmologist or optician.	
Name of eye specialist and hospital:	
NHS No:	
Name of Optician:	
Address:	
Other Professionals involved:	

Privacy Notice
<p>This form should be signed by the person being referred to the Service if they are over the age of 16. Otherwise, it should be signed by a person with legal responsibility.</p>
<p>The personal information you provide will be held by Leicestershire County Council's Children & Families Service and will be used for the purpose of providing Leicestershire Educational Psychology Service involvement to you/your child and you/your child's education setting. If you have consented to other Services being involved (such as a health service or other education service) we might need to share information with them in the course of our work.</p>
<p>We also use personal data to derive statistics which inform decisions we make, such as how the service functions and performs. These statistics are used in such a way that individual children cannot be identified.</p>
<p>All information will be held securely and won't be disclosed to anyone other than those stated above without your permission unless we have a legal reason to do so (e.g. disclosure is necessary to protect a person from suffering significant harm or necessary for crime prevention or detection purposes).</p>
<p>We will keep your information while our Service is involved with you/your child in accordance with the Children & Family Services Retention Schedule, available on the Leicestershire County Council website. More information about how the Council will protect your privacy is available at www.leicestershire.gov.uk/privacy-notice.</p>
<p>You have a right to request a copy of the information we hold about you, as well as the right to amend any mistakes or withdraw your information. Please refer to our website www.leicestershire.gov.uk/about-the-council/data-procection/requesting-personal-information.</p>

I / we agree the informational in this form is correct.
I / we give permission for Leicestershire Vision Support Team staff to share information about me / our son / daughter* with other involved professionals and to undertake direct work relevant to current concerns.

I acknowledge the privacy notice and consent to my data being used as described.

Signed:

**Person with legal
responsibility or young
person if over 16**

Date:

Printed:

Please send the completed forms and attached documentations via through the Anycomms/AVCO system

to the Specialist Teaching Service. Alternatively post FAO Kirsten Jansen/Julie Grafton-Reed, Team Manager, Specialist Teaching Service, Leicestershire Vision Support Team, Room 600, County Hall, Leicester Road, Glenfield, LE3 8RF, 0116 3059400.