



Sensory Support Team (Vision)

Vision Support REFERRAL FORM

Before completing this form, this referral **must** be discussed with parent/carer who **must** sign the form (this person is referred to as "family contact")

Pupil Name: Gender: Male / Female	Date of Birth:
Address:	Family Contact: Telephone No.: Email address (essential):
Home Language(s):	Interpreter needed? For parent/carer(s): Yes/No For pupil: Yes/No
School: Year Group: Contact Person: Role:	At which stage of the SEND Code of Practice: <i>(Please circle)</i> <ul style="list-style-type: none"> • SEN Support • EHC Plan If EHC Plan - date of Issue:

Ethnicity *(please tick):*

White - British <input type="checkbox"/>	Mixed - White and Black Caribbean <input type="checkbox"/>	Asian – Asian British/ Indian <input type="checkbox"/>	Black - African <input type="checkbox"/>
White - Irish <input type="checkbox"/>	Mixed - White and Black African <input type="checkbox"/>	Asian – Asian British/ Pakistani <input type="checkbox"/>	Black – Black British/ Caribbean <input type="checkbox"/>
White – Other white <input type="checkbox"/>	Mixed - White and Asian <input type="checkbox"/>	Asian – Asian British/ Bangladeshi <input type="checkbox"/>	Black – Other Black <input type="checkbox"/>
Travellers White – Gypsy/ Roma <input type="checkbox"/>	Mixed – Any Other Mixed Background <input type="checkbox"/>	Asian – Asian British/ Any Asian Background <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Travellers White – Traveller of Irish Heritage <input type="checkbox"/>		Chinese <input type="checkbox"/>	

Nature of visual impairment/cause of concern:

Medical Information:

Hospital Consultant

Hospital Number Other medical conditions, if any.

Is the pupil registered severely sight impaired (SSI) / sight impaired (SI) (please circle)

What other agencies have been involved with the child?

- Occupational Therapy
- Hearing Impaired
- Social Services
- Other (please specify):
- Physiotherapy
- Child & Adolescent Mental Health
- Behaviour Support Team
- Speech & Language Therapy
- Youth Offending Team
- Education Welfare

Parent / Carer's Section

Agreement for Haringey's Sensory Team involvement

Name of Family Contact:
Relationship to Child:
Is the family contact in agreement with this referral: YES / NO
Signature of Family Contact:
Signature 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 oversee and manage the sensory support services provided to you by Haringey Council
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 keep your information	25 years from DOB

Please send to:

Sensory Support Team (Vision)
Haringey Council,
Alexandra House, 2nd Floor, 10 Station Road, Wood Green, N22 7TR
Email: sensorysupport@haringey.gov.uk