The Children's Trust
For children with brain injury

The Children's Trust School Referral Form

Please attach the child's latest EHCP and any current therapy reports to this referral form

<table>
<tr><th colspan="3">Patient Information</th></tr>
<tr><td colspan="2">Childs name:</td><td>Known as:</td></tr>
<tr><td>Date of birth:</td><td>Age:</td><td>Sex:</td></tr>
<tr><td colspan="2">Home address:</td><td>Have your Local Authority been informed of your interest in the school:
Yes/No
Name of Local Authority:</td></tr>
<tr><td colspan="3">Home telephone no:</td></tr>
<tr><td colspan="2">Parent's name:
Relationship:
Parental Responsibility: YES/NO</td><td>Parent's name:
Relationship:
Parental Responsibility: YES/NO</td></tr>
<tr><td colspan="2">Parent's address:</td><td>Parent's address:</td></tr>
<tr><td colspan="2">Parent's telephone number.
(m) (h)</td><td>Parent's telephone number:
(m) (h)</td></tr>
<tr><td colspan="2">Child's first language:</td><td>Ethnic origin:</td></tr>
<tr><td colspan="2">Parent's first language:</td><td>Nationality:</td></tr>
<tr><td colspan="2">Interpreter required: Yes/No</td><td>Religion:</td></tr>
<tr><td>Sibling's names:</td><td>Age:</td><td>Relationship to child:</td></tr>
<tr><td colspan="2">Name and address of current school:</td><td>Current School Year:</td></tr>
<tr><td colspan="2">Name and address of GP:</td><td>Name and address of Lead Medical Professional (Consultant or Community Paediatrician):</td></tr>
<tr><td colspan="2">Social Worker name and contact details:</td><td>Social/safeguarding concerns (please specify):</td></tr>
<tr><td colspan="2">Looked After Child YES/NO (please delete)</td><td>SEN Case Manager name and contact details:</td></tr>
</table>

Referral Information		
Service type: (Please delete)	The Children’s Trust Day Pupil The Children’s Trust School and Residential Placement	
Name of Referrer:	Designation:	
Contact no:	Email:	
Date of referral:		
Reason for referral:		
Summary of health needs:		
Allergies:		

Teacher:	Telephone number:	Email:
Community Nursing Team:	Telephone number:	Email:
Physiotherapist:	Telephone number:	Email:
Occupational Therapist:	Telephone number:	Email:
Speech and Language Therapist:	Telephone number:	Email:
Psychologist:	Telephone no:	Email:
Date of last EHCP:		

Further Information		
Please complete:	**Please delete:**	**Further information if relevant:**
Independently mobile	Yes /No	
Hoisted for all transfers	Yes /No	
Tracheostomy	Yes /No	
Ventilated	Yes /No	
Medically stable	Yes /No	
Orally fed	Yes /No	
Gastrostomy	Yes /No	
Parental Nutrition	Yes /No	
Catheter	Yes /No	
Stoma care	Yes /No	
Effective means of communication	Yes /No	
1:1 supervision	Yes /No	
Behavioural concerns	Yes /No	
Emotional wellbeing/mental health concerns	Yes /No	
Self-harm concerns	Yes /No	
Previous or current CAMHS involvement	Yes /No	

The Children's Trust School Consent Form

Permission for Pre Screening & Sharing Information

Referral to The Children's Trust (Day pupil/residential placement)

Child/Young Person's name: ……………………………………………………

Following the referral of you/your child to The Children's Trust our multi-professional team would like to carry out a pre-screening assessment to determine whether a placement at The Children's Trust would be appropriate.

In order to gather information prior to visiting you the Team at The Children's Trust will need to request further information from, and give information to, other professionals involved in your child's care including where necessary your child's school and social worker.

I am the parent/person with parental responsibility for the child named above ☐

I am the young person named above and I am over 16 years of age ☐

I give permission to The Children's Trust team to gather information in order to carry out pre-screening to assess whether a placement at The Children's Trust would be appropriate. Following the pre-screening, I give permission for The Children's Trust assessment reports to be shared with the relevant professionals involved.

Signed: ______________________ Date: ______________

Print Name: ______________________ Relationship to child: ______________

Legal status: Parent / Person with Parental Responsibility

(**Please delete as appropriate**)