

Parent/carer SENDIASS referral & consent form

Parent/ Carer's Name:

Child/ Young person's Name:

M/F

DOB:

Address:

Postcode:

Telephone Number(s):

Email address: (if possible ensure this is completed, if possible please)

Any Professional involved and their contact details if possible

Name:

Base/ telephone numbers and email address:

Child minder/ Nursery/ School/other/ College:

Yr. group:

Brief reason for this referral:

Any relevant addition information (e.g. a particular service being involved, translator needed, has no transport available, important meetings or events coming up soon)

I request the involvement of SENDIASS and give my permission for the SENDIASS Co-ordinator to access relevant information about my child or young person and to liaise with other professionals as appropriate. However I understand that I can withdraw this consent at any time or request everything is kept confidential and shared with no one from the beginning of our work together (List any professionals or groups that information is **NOT** to be shared with).

Parent/ carers

Signature.....Date.....

Please return to:

Melanie Leighton, Manager for SENDIASS.

Email: melanie.leighton@nothyorks.gov.uk

OR

County Hall. Room SB1008. Racecourse Lane. Northallerton.

North Yorkshire. DL7 8AD.

Consent & Referral form, amended Dec 2015

