 

**Care for the Family Time Out for Parents: Children with Special Needs – Referral/Consent Form**

**Location/area of course: ………………………………………………..**

**PERSONAL DETAILS**

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| --- | --- | --- | --- | --- | --- |
| Parent/Carer(s) name(s): | |  | | | |
| Name of referrer, organisation & relationship to family (if self-referral leave blank): | |  | | | |
| Parent/carer(s)  Contact details: | Address: | | | Telephone: | |
| Mobile: | |
| Email: | |
| Child’s Name: |  | | | Date of birth: | Male/  Female |
| Parent/carer(s) relationship to child: | | |  | | |
| Name and age of any other children in the family: | | |  | | |

**SUPPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| My Support Plan | Y/N | Support Assessment | Y/N | DART | Y/N |
| EHCP – Education Health Care Plan | Y/N | CIN – Child in Need Plan | Y/N | Any other | |
| CAF – Common Assessment  Framework | Y/N | CP – Child Protection Plan | Y/N |  | |

**HISTORY**

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| Does your child have a medical diagnosis, condition (including mental health), and/or disability (including learning disability)?  If yes, please say here: |

**BEHAVIOUR**

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| Do you have concerns about your child’s behaviour?  Please describe:  *At home?*  *In setting/school?* |

**PARENT/CARER SUPPORT AND CONSENT**

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| **Support to attend**  We aim to support parents as much as possible so please let us know if you may need additional support to attend. For example, if you have mobility needs, if you have a hearing or visual impairment, a learning difficulty, have literacy difficulties or English as a second language.  Type of difficulty:  Support that I/we would find helpful:  **Consent to receive service and agreement to record information**  For use by parents and carers (those with parental responsibility or delegated responsibilities) on behalf of their child.  I/we wish to take part in Care for the Family Time Out for Parents: Children with Special Needs.  I/we understand that this will involve Wiltshire Council processing information about me/us, my child/children and the child/children I care for; that these records may be on paper or electronic systems. I/we agree for this information to be held by Wiltshire Council providing they do so within legal requirements. I/we have the option to review this consent at any time.  For further information about how Wiltshire Council uses your personal data, including your rights as a data subject, please see our Privacy Notice on the Wiltshire Council website at: http://www.wiltshire.gov.uk/privacy  **Signature: Date:**  **Print Name:**  **Signature: Date:**  **Print Name:**  **Please return this form to Claire Turner at** [claire.turner@wiltshire.gov.uk](mailto:claire.turner@wiltshire.gov.uk)  or to Claire Townsend, Business Support Officer at [claire.townsend@wiltshire.gov.uk](mailto:claire.townsend@wiltshire.gov.uk) |