Sussex Community NHS
NHS Foundation Trust

Speech and Language Therapy School Services
School:

Referral Form

Name of pupil: .....Date of birth: .....

Address: .....

Postcode: .....

Tel: (Home)..... ……Tel: (Mobile)……..……

School(s): ..... School year: ……

GP:..... CAF Action Plan? Yes ☐ No ☐

Name of Parent/Carer/Next of kin: .....

Other Professionals Involved:……

Details of pupil's speech and language difficulties:

I give my consent for a referral to the Speech and Language Therapy Service and I agree that information about my child may be shared with other agencies when it is in his/her best interests.

Parent/Guardian's signature: …… **Date:** ……

Name: ..... **Relationship to child:** ……

Allergies: (Please tick box as appropriate)
Does the child have any known allergies ☐ Yes ☐ No
If yes please give details:

Ethnicity:
Under the Race Relations Amendments Act 2000 the Trust is legally committed to eliminating discrimination, promoting equality of opportunity and promoting good race relations. In order to work towards these goals we are required to collect ethnicity of all patients.

Please tick one of the following boxes:

A – White	☐ British	
	☐ Irish	
	☐ Any other White Background	
B - Mixed	☐ White and Black Caribbean	☐ White and Black African
	☐ White and Asian	☐ Any Other Mixed Background
C – Asian or Asian British	☐ Indian	☐ Pakistani
	☐ Bangladeshi	☐ Any Other Asian Background
D – Black or Black British	☐ Caribbean	☐ African
	☐ Any Other Black Background	
E – Chinese or Other Ethnic Group	☐ Chinese	☐ Any Other Ethnic Group

All the information we receive will be used and treated with the strictest confidence. Any planning information on general release will be anonymous with all names removed.
The classification is entirely voluntary but will help us to provide a better quality of care. The level of care you will receive will not be affected by your decision to complete this form.

Signature of referrer: …… **Date:** ……...

Name: ..... **Job Title:** ……

Please send the completed referral form to your school's Speech and Language Therapist.