**Gwent SPACE Wellbeing Neuro-Developmental Service**

**Referral Form**

***Please complete in black ink. Please refer to the referral criteria before completing the referral form.***

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| **Child / young person’s personal details** | | | | | | | | | | | | |
| Name of child |  | | | | D.O.B. | | | |  | | | |
| CRN number |  | | | | NNN number | | | |  | | | |
| Child known as |  | | | | Gender | | | |  | | | |
| Address and postcode |  | | | | Telephone number | | | |  | | | |
| Nationality |  | | | | Home language  Interpreter required? | | | |  | | | |
| Yes / No | | | |
| Name of GP & surgery |  | | | | Telephone number | | | |  | | | |
| School/nursery & contact name / email |  | | | | Telephone number | | | |  | | | |
| **Child / young person’s main carers** | | | | | | | | | | | | | |
| Name | | Relationship to Child / Young Person | | | | | | Parental responsibility | | | | | |
|  | |  | | | | | | Yes / No | | | | | |
|  | |  | | | | | | Yes / No | | | | | |
| **Siblings & ages:** | | | | | | | | | | | | | |
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| **Referrer details** | | | | | | | | | | | | | |
| Name of referrer (print): | | | | | | | | | | | | | |
| Designation of referrer (print): | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| Email: | | | | | | Tel No: | | | | | | | |
| Signature of referrer: | | | | | | Date: | | | | | | |
| **What is the question you are asking the SPACE Wellbeing ND Team to address?**  **Please list any interventions that have been tried and what, if anything, has changed?** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Reason for referral & area of need for child / young person? Has the child been previously referred?** | | | | | | | | | | | | | |
| Please include as much detailed information as possible, in relation to your own assessment, child & family expectations, and any previous diagnosis, referrals or interventions | | | | | | | | | | | | | |
| **Medical History** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Family & environmental history including early years trauma, developmental delays and significant life events** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Educational history** | | | | | | | | | | | | | |
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| **Any history of mental health or additional needs within the immediate family?** | | | | | | | | | | | | | |
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| **Current functional impact on child / young person within the home, school and the community?** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Referrer’s expectations from this referral:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Parent’s expectations from this referral:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Other agencies Involved (current & previous) including contact names if applicable:**  (Reports from other agencies may be very helpful  in the assessment process and should be attached if available) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Safeguarding the child / young person** | | | | | | | | | | | | | |
|  | | | | Child Protection | | | Looked After Child | | | CASP (Child in Need) | | | |
| Is the child / young person on the child protection register? | | | |  | | |  | | |  | | | |
| Is any other child / young person in the family on the child protection register? | | | |  | | |  | | |  | | | |
| Please list: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Relevant information and reports available:**  **Please attach all up to date reports (if not uploaded to CWS) e.g. recent clinic letters and medical reports.** | | | | | | | | | | | Y | N | |
| **SOGS (compulsory for pre-school referrals)** | | | | | | | | | | |  |  | |
| **Relevant health professional e.g. health visitor reports, therapy reports** | | | | | | | | | | |  |  | |
| **Neurodevelopment teacher questionnaire** | | | | | | | | | | |  |  | |
| **School / Educational Psychology Report / IEP / IDP etc** | | | | | | | | | | |  |  | |
| **Observations (school, playgroup and nursery age referrals)** | | | | | | | | | | |  |  | |
| **Parent report** | | | | | | | | | | |  |  | |
| **Other (please specify)** | | | | | | | | | | |  |  | |

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| **Return of Form**  **By E-mail:**  [ABB.SPACEWellbeingND@wales.nhs.uk](mailto:ABB.SPACEWellbeingND@wales.nhs.uk)  **In the subject line you must enter: *ND Referral form***  **FAILURE TO FOLLOW THE ABOVE INSTRUCTIONS WILL RESULT IN DELAYS IN PROCESSING**  **If you have any difficulty completing the request form, please phone:**  **07583 122831**  **Lines are open between 9am – 4.30pm on Monday – Friday** |

**Gwent SPACE Wellbeing Neuro-Developmental Referrals**

**Consent Form**

**It is essential this form is completed by the parent / guardian / carer. Please use black ink**

**Name of Child: Child’s date of birth:**

Before your child / young person’s referral can be triaged, the UK GDPR and Data Protection Act 2018 states that we need your consent to do so, this is called ‘opt in’. If you agree to your information being held by the SPACE Wellbeing ND Team, please tick the box. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please be aware that discussions about family members who have a role in the care and support of your child may take place.

The information that you have given to complete the SPACE Wellbeing ND referral is important. We believe the most important details are yours. We give you our assurance that it is our policy to respect your privacy and your information will remain confidential unless we are required to disclose by law. If at any time in the future, you would like to amend your consent status, please contact us.

Information collected will be kept safe and secure in line with the UK GDPR and Data Protection Act 2018. Further information of how we collect, store and use information relating to patients can be found in the Privacy Notice on the Aneurin Bevan University Health Board internet pages- [Privacy Policy - Aneurin Bevan University Health Board (nhs.wales)](C:\\Users\\tr042341\\OneDrive - NHS Wales\\ISCAN Regional Team Lead\\ND Transition Meetings\\Privacy Notice - Your Informaiton, Your Rights)

**I have been informed by the referrer about the SPACE Wellbeing ND service & what this referral means? Yes / No**

**I have read and understand the referral form and agree to the reason for referral Yes / No**

**I consent to information concerning my child’s care being discussed at the SPACE Wellbeing panel**

**Yes / No**

**Following any discussion, I consent to referrals being made to appropriate services**

**including health, education, social care and the voluntary sector Yes / No**

**I agree that my child / young person’s views will be considered as part of this process Yes / No**

**I understand that my child / young person’s referral will be kept securely on file and form**

**part of my child’s medical record Yes / No**

**Signature of parent / guardian: Date:**

**Name of parent / guardian:**

**For professionals only whereby verbal consent is obtained, please confirm that you have read the following statement to the parent:**

The information that you give to me to complete the SPACE Wellbeing ND referral form is important. We believe the most important details are yours. I assure you that the SPACE Wellbeing ND team will keep the information you share safe and secure in line with the UK GDPR and Data Protection Act 2018.

You understand that we may share your information with, and obtain information about you from our partners, for example, health, education, social care and the voluntary sector.

**Signature: Date:**

**For young people -** The information that you give to me to complete the SPACE Wellbeing ND referral form is important. We believe the most important details are yours. I assure you that the SPACE Wellbeing ND team will keep the information you share safe and secure in line with the UK GDPR and Data Protection Act 2018.

You can find out more information on how we use your personal information here - [Privacy Policy - Aneurin Bevan University Health Board (nhs.wales)](C:\\Users\\ju040210\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\7BGEPIHR\\Privacy Notice - Your Informaiton, Your Rights)

**Signature of young person Date:**