

SWAP+

Referral Form

(only referrals for children aged 5-19 are eligible)

Section 1	Person Making Referral: Professional ☐ Parent/Carer ☐ Please tick appropriate box		
Name:		Address:	
Job Title:			
Telephone:			
		Email:	
Borough	Barking & Dagenham ☐ Havering ☐ Redbridge ☐		
Section 2	Child / Young Person's Details		
Child's First Name:		M ☐ F ☐	Date of Birth:
Child's Surname:			Age in years and months:
Address:			School Name:
Postcode:		School email:	
Language:	Religion	Ethnicity:	
Subject to Child Protection Plan / Child In Need: Y ☐ N ☐			Nationality
LAC Status:			
Section 3	Parent or Carer's Details		
Who has parental responsibility?		Occupation:	
Parent / Carer's Name:		Relationship:	
Gender		Male Female Transgender m/f Non-binary Prefer not to say unknown	
Pronouns: (please tick)		He/him she/her they/them unknown	
Relationship Status		Married Have a partner Single Unknown Prefer not to say	
Address:		Home Telephone:	
Postcode:		Parent Mobile:	
Parent email address: (Please note all correspondence will be done via email) Email permission to be added to our bulletin: Yes No			
Emergency Contact Name:			
Emergency Contact Telephone Number:			
Relationship to child:			
Section 4	Please tick the boxes below to indicate other Professionals / Agencies involved, if known:		

☐ Social Worker	☐ Nursery/Preschool	☐ Other (specify)
☐ Educational Psychologist	☐ GP	
☐ Health Visitor	☐ SENDCo	
☐ Child Development Team	☐ Children with Disabilities Team	
☐ Early Help	☐	

Section 5 Reason for referral: please indicate if your child is verbal/non-verbal and how do they currently communicate (pointing, how many words that they can say, leading by the hand etc.)

Section 6 Please tick the boxes below to indicate the services you have already been referred to:

☐ Audiology	☐ Speech & Language Therapy	☐ First Step Opportunity Group
☐ Child Development Team	☐ Health Visitor	☐ Home Start
☐ SEND Early Years	☐ Children's Centre	☐ Other (please specify)
☐ Community Paediatrician	☐ Portage	
☐ Social & Communication Clinic	☐ Good Beginnings	

Section 7 Medical Information (does your child have any known medical conditions/diagnosis/allergies:

[illegible]

Section 8 **Parent's/Carer's concerns / History of child's difficulties (what age difficulties first become apparent, have the difficulties stayed the same or worsened, what have you already tried to do to support your child with these difficulties and what has/has not worked)**
Impact of the difficulties on the child and immediate family:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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Section 9	Family History including who lives in the family home, others with any illness or disability (e.g. Social Communication Disorder/Autism) in the family and if other siblings are known to child health services:
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Section 10 Other relevant information including where you heard about the SWAP programme:

Section 11 Information Sharing And Consent:

Information about your child may be shared with other teams and agencies (eg services within the Sycamore Trust)

Has the referral been discussed with the parent or carer? ☐ Yes ☐ No

Is there parental consent for enquiry/onward referral to other services? ☐ Yes ☐ No

Comments (if any):

Signed (Parent/Carer) Name:

Signed (referrer): Name:

Relationship: Date:

How did you hear about SWAP: _____

Name and designation of receiver:

Date:

Date placed on waiting list: _____

Date acknowledgement sent to parent: _____ Professional: _____

Place allocated: ☐ Yes ☐ No

SWAP Ref No. SW/_____/18

How we use your information:

Sycamore Trust UK will use the information that you have provided in this form and all subsequent forms to provide the service requested. Your data will not be shared with third parties without your permission and will be stored in line with our Data Protection policy. If you would like more information about how your data is used, please read our Privacy Policy. <http://www.sycamoretrust.org.uk/cookies-and-privacy-policy>

I have read and understood the above on how my data will be used for this service.

I agree for Sycamore Trust UK to hold the data I have provided ☐ (please tick to show agreement)

To make a referral send this form to:

SWAP+

Sycamore Trust UK

27/29 Woodward Road

Dagenham

Essex RM9 4SJ

E-mail- swapplus@sycamoretrust.org.uk