**Referral Form for School Nursing Services**

This form must be completed by any professional who wishes to refer a child or young person to the School Nursing Service. All referral must be submitted via email to our secure email address: schoolnursingduty.walsall.nhs.net. If you are unsure whether your email is secure, we recommend that you password protect the document. If you require support to complete this form, please contact our single point of access on 01922 423349. All schools must also complete and return a school report (attached to the end of the referral form).

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| **Child’s Personal Details** | |
| Name of Child: Click or tap here to enter text. | Gender: Click or tap here to enter text. |
| DOB: Click or tap here to enter text. | NHS No. (if known): Click or tap here to enter text. |
| Ethnicity: Click or tap here to enter text. | Language spoken: Click or tap here to enter text. |
| GP: Click or tap here to enter text. | School: Click or tap here to enter text. |
| Address Click or tap here to enter text. | |
|  | |
| Name of person with parental responsibility Click or tap here to enter text. | |
| Relationship to child Click or tap here to enter text. | |
| Telephone no. Click or tap here to enter text. |  |
| Has the person with PR given consent for this referral? No  Yes | |
| Has the child (if age appropriate) given consent for this referral? No  Yes | |
|  | |
| **Referral Information** | |
| Reason for referral Click or tap here to enter text. | |
| Is the child subject to any of the following plans   |  |  |  |  | | --- | --- | --- | --- | | **Type of Plan** |  | **Name of Lead Professional** | **Contact No.** | | Child Protection |  | Click or tap here to enter text. | Click or tap here to enter text. | | Child In Need |  | Click or tap here to enter text. | Click or tap here to enter text. | | Early Help |  | Click or tap here to enter text. | Click or tap here to enter text. | | Looked After Child |  | Click or tap here to enter text. | Click or tap here to enter text. | | |
| If the child has a plan then please provide details of concerns about the child and family: Click or tap here to enter text. | |
| Is the child an Asylum Seeker? No  Yes | Is the child a young carer? No  Yes |
| Does the child have SEND needs? No  Yes  Please provide details: Click or tap here to enter text. | Does the child have a EHCP? No  Yes  Please provide details: Click or tap here to enter text. |
| Does the child have any medical needs and/or disability? No  Yes  Please provide details: Click or tap here to enter text. | |
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| **Details of support/interventions already provided** | |
| What support has your service/school already provided to help with the problem and what has been the impact? Click or tap here to enter text. | |
| What other service are involved with the child?   |  |  |  | | --- | --- | --- | | **Name of Service** | **Name Professional** | **Contact No.** | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| If other services are involved what interventions have been offered and what was the impact? Click or tap here to enter text. | |
|  | |
| **Referrers Details** | |
| Name of referrer Click or tap here to enter text. | Telephone details: Click or tap here to enter text. |
| Address Click or tap here to enter text. | Email Click or tap here to enter text. |
| Role Click or tap here to enter text. | Signature |

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| **School Report** | |
| **Attendance information** | |
| Are there any concerns about the child’s attendance at school? No  Yes  If so, please provide details Click or tap here to enter text. | |
| What is their % attendance? | Is an EWO involved? No  Yes |
| **Academic Performance in school** | |
| Does the child have an EHCP? No  Yes | Does the child have SENDi needs? No  Yes |
| If so, what are their needs? Click or tap here to enter text. | |
| Is the child achieving the appropriate academic levels? Above average  Below average  Average | |
| Is their attainment a true reflection of their ability? Yes  No  If no please provide an explanation Click or tap here to enter text. | |
| **Social Emotional and Behavioural Needs** | |
| Please comment on the child’s behaviour in the classroom Click or tap here to enter text. | |
| Please comment on the child’s behaviour in the playtimes Click or tap here to enter text. | |
| Please comment on the child’s behaviour at home Click or tap here to enter text. | |
| How does the child relate/interact to/with other children? Click or tap here to enter text. | |
| How does the child relate/interact to/with adults? Click or tap here to enter text. | |
| What are the child’s strengths? Click or tap here to enter text. | |
| Is there anything else that you would like to tell us about the child? Click or tap here to enter text. | |
| **Details of staff member completing this form** | |
| Name Click or tap here to enter text. | Designation Click or tap here to enter text. |
| Date of completion Click or tap here to enter text. | Signature |