

Referral form for Targeted Short Breaks

To be completed by child/young person with their family or carers

Completed forms can be sent directly to your Targeted Short Break service of choice. Details of what is available can be found by going to the Leeds Local Offer website: (<http://www.leeds.gov.uk/residents/Pages/Short-break-offer.aspx>).



Or alternatively forms can be sent to placementserviceshortbreaks@leeds.gov.uk, Placement Service, Kernel House, Killingbeck Drive, Leeds, LS14 6UF, tel: 0113 37 83775, who can help you decide the most appropriate service.

If you would like information, advice and support to access inclusive mainstream services, please contact Scope in Leeds (tel: 0113 272 7531 or 0800 085 1879).

Section 1: Key Details

Your name:	Your date of birth:	Date form completed:
Who else lives in your home? Do they have any needs or access any services?	Your School/Nursery:	
	Your Lead Professional and their contact details:	
	Your Social worker: and their contact details:	
Your home address:	Emergency contact:	
	If anyone has helped you complete this form, please list here:	
Home Phone number :	Preferred language:	
Mobile Phone number:		
Email Address:		
Parental Responsibility held by		

Section 2: All about you

**(Please describe yourself, for example what you like/dislike, activities you get involved in, what you are good at, what you are interested in, your hobbies, any dietary needs, cultural/religious needs, what makes you feel anxious or upset)
(Please include a picture of yourself if you would like to)**

Section 3: Please tell us a little bit more about yourself to help us understand more about you.

1. Please tick one of the following categories, which best describes you:

Your Ethnicity	Code	Please Tick	Your Ethnicity	Code	Please Tick
White British	WBRI		Pakistani	APKN	
White Irish	WIRI		Bangladeshi	ABAN	
Traveller of Irish Heritage	WIRT		Any other Asian background	AOTH	
Any other White background	WOTH		Caribbean	BCRB	
Gypsy/Roma	WROM		African	BAFR	
White and Black Caribbean	MWBC		Any other Black background	BOTH	
White and Black African	MWBA		Chinese	CHNE	
White and Asian	MWAS		Any other ethnic group	OOTH	
Any other Mixed background	MOTH		If other ethnic group please state which		
Indian	AIND		Refused	REFU	
			Information not yet obtained	NOBT	

2. How would you describe your disability?

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3. Do you have a Statement / Education, Health and Care Plan (EHCP)?

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4. Do you have an Early Help Assessment (also known as a CAF)?

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**5. Medical information:
Do you have any medical needs, such as medication you take, epilepsy including patterns of seizures or other health related conditions?**

6. Do you have any allergies that a setting may need to know about?

If yes, please explain what they are:

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7. Communication needs:

**How do you communicate? Verbal? Non verbal? BSL, Makaton?
Does you use signs or symbols (for example, board maker, Picture Exchange Communication)?**

If you communicate non-verbally, is body language, eye pointing, or other forms of communication significant? How do you communicate with the person who looks after you, and at school?

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Section 4: Day to day needs

1. Are you able to get around the house and elsewhere by yourself?	Not at all	With help	Without help
Is there anything else you want to tell us?:			
2. Are you able to feed yourself?	With help	Without help	
Is there anything else you want to tell us?:			
3. Are you able to wash / dress yourself?	With help	Without help	
Is there anything else you want to tell us?:			
4. Are you able to use the toilet by yourself?	With help	Without help	
Is there anything else you want to tell us?:			

5. Bedtime

What time do you -	Go to bed?	Wake up?	Do you need any attention through the night?	
			Yes	No
What do you like to do before you go to sleep?				
Is there anything else you want to tell us?:				
6. Do you have any needs in relation to your Hearing?				
Please tell us about this:				
7. Do you have any needs in relation to your Speech?				
Please tell us about this:				
8. Do you have any needs in relation to your Sight?				
Please tell us about this:				

1. Please tell us about your skills and achievements:			
2. Do you enjoy being with other children and adults? If you have any difficulties please tell us.			
3. Do you have friends or family you like to be with?			
4. How are things at school, nursery or college?			
5. Tell us about any worries, fears or obsessions that you may have			
6. Are you very active or find it hard to sit still?	Yes	Occasionally	No
Comment:			
7. Do you need/like lots of attention from others?	Yes	Occasionally	No
Comment:			

8. Do you sometimes wander off or make a run for it?	Yes	Occasionally	No
Comment:			
9. Do you ever injure yourself or others?	Yes	Occasionally	No
Comment:			

Section 6: Support

How can we help you to manage any of the issues from sections 4 and 5?
Comment:

Section 7: Anything else about you we should know?

1. Would you or your family like to tell us anything else, which may assist us?

Section 8: Short Breaks

**1. Are you accessing any short breaks now?
If yes, please tell us about them:**

2. What have you tried and has it worked for you and your family?

3. What types of short break are you interesting in accessing?

4. What difference will this make to you and your family?

5. Which times/days would be preferred for short breaks?

Daycare			Weekdays		Weekends		Full weeks	
Yes	am	pm	Yes		Yes		Yes	
No	am	pm	No		No		No	

Other/comments:

Section 9: Consent

Data Protection Act 1998

In accordance with the Data Protection Act 1998, we must inform you that by signing this form you are giving your consent for Leeds City Council children's services to process the information we collect from you now and whilst we have involvement with your family. The purpose of this processing is for the provision of targeted short breaks for your child/children. This information may be shared not only with other areas within Leeds City Council, but also with other relevant professionals and organisations, such as the NHS and short break providers, however only where necessary and appropriate. This is to enable us to signpost you and your family to suitable services. This sharing will be done only where it is necessary or where we are legally obliged to do so and is strictly in accordance with the Data Protection Act.

Your information may be collated, anonymised or monitored to ensure you receive the correct support and may assist with future planning of services in Leeds. If you have any queries regarding information sharing please contact your lead practitioner in the first instance.

Name of child/children
Name of parent/carer
Signature
Date

The Children's Disability Register

The register is a list of children and young people in Leeds who have SEN and disabilities and who receive, or may one day need to use the services from health, social services, education or voluntary organisations.

The register provides a contact point for providing families with information about services and opportunities to be involved in consultations about SEN and disabilities. The information from the register will help Children's Services to build a broader picture of SEN and disability across the city from a family's perspective.

You can register your child or young person if they are under 25 years of age with complex learning difficulties, additional needs or a disability.

We would like the parents and carers of all children and young people who have SEN and disabilities to register their child or young person so we can make the best plans for the future. No one has to register if they do not want to. It is a voluntary register and only contains the information that you as a parent or carer gives us.

For more information about the register and to download an application form please visit our website at <http://www.leeds.gov.uk/residents/Pages/Childrens-Disability-Register.aspx>

For office use only:

Disability Type	Code	Yes/No	Disability Type	Code	Yes/No
Specific learning difficulty	SPLD		Visual impairment	VI	
Moderate learning difficulty	MLD		Multi-sensory impairment	MSI	
Severe learning difficulty	SLD		Physical disability	PD	
Profound & multiple learning difficulty	PMLD		Autistic spectrum disorder	ASD	
Social, emotional and mental health	SEMH		Other difficulty / disability	OTH	
Speech, language and communication needs	SLCN		SEN support but no specialist assessment of type of need	NSA	
Hearing impairment	HI				

To be completed by designated worker and line manager where relevant:

Name and signature of designated worker completing essential information		Date	
Job title and organisation of designated Worker			
Contact details of designated worker			
Name and signature of line manager		Date	
Job title and organisation of line manager			
Contact details of line manager			