**Triage Referral Form**

**Who is making the referral:  I am a parent/ carer**

**I am a young person (16-25 years)**

**I am a professional** *(please inform parent/carer/ young person of the referral)*

**Date of referral: Camden resident: Yes  No**

**New contact/ referral: Support received previously:**

**Previous caseworker** *(if known):*

**Child/ Young Person Details**

**Child/ young person’s name:**

**Date of birth: Male  Female**

**Ethnicity:** *(choose from drop down list or state)* Choose an item.

**Address:**

**Phone number** *(young person 16-25 only)***:**

**Email address** *(young person 16-25 only)***:**

**Diagnosis/ disabilty Yes  No**

**If yes, please state:**

**Awaiting a diagnosis: Yes  No**

**If yes, what is it for?**

**Placement - nursery/school/college:**

**What support do they/ you get at school/ college:**

**Education, health and care plan (EHCP)  Special Education Needs (SEN) Support**

**Exceptional Needs Grant (ENG)  Post 16 additional/ supported learning (college)**

**Don’t know  Other, please state:**

**Please tick if you are not in Education, Employment or Training (NEET)**

*(young person 16-25 only)***:**

**Parent/ Carers Details**

**Name:**

**Address:**

**Phone number:**

**Email address:**

**Are you:  Mother  Father  Carer  Other** *(please state)*

**Do you have a disability or additional needs? Yes  No**

**Do you need us to make any adjustments for you? Yes  No**

**What adjustments might you need?**

**Referring Professional Details**

**Name and job role:**

**Agency/ service/ setting:**

**Phone number:**

**Email address:**

**Referral Reasons**

**Description of issues/ areas of concerns:**

**What information, advice or support (IAS) is needed?**

**Have you had discussions with the school/college or Camden’s SEN Team?**

**Yes  No**

**Do you and the school/college or Camden’s SEN Team agree on the issue?**

**Yes  No**

**Is there anything else you think we should know?**

**Other information**

**Please list all the other professionals involved, include their name, role and contact details.**

**How did you hear about our service? Other**

**Young Person and Parent/ Carer Consent**

**Please complete this section if you want support from our service.**

**If you are the referring professional, another member of the family or a family friend, please obtain the consent from the young person and/ or parent/carer.**

**I have requested support from SENDIASS.**

**I give permission for SENDIASS to request information from other professionals, on my behalf and to represent me in whatever capacity needed.**

**I give permission for SENDIASS to view mine/ my child’s SEN information such as the EHCP, educational/ health reports, etc.**

**I give permission for my parent/carer to be included in information sharing.** *(young person 16-25 only)*

**Please send the completed form to: sendiass@camden.gov.uk or**

**SENDIASS, Kentish Town Community Centre, 17 Busby Place, NW5 2SP**

SENDIASS is currently working to a five-day response time.

Once the Triage Referral Form is returned to us, a decision will be made as to which intervention level will be offered to the parent/ carer e.g. information/ advice/ support (IAS).

Young people (16-25 years) who self-refer to our service and parents/ carers with additional needs will automatically receive our support intervention level.

For more information about our intervention levels, please visit our website [www.sendiasscamden.co.uk](http://www.sendiasscamden.co.uk)

Please note: if the young person or parent/ carer is already receiving advocacy for the same issues from another advocacy service, we will be unable to accept the referral due to duplication of information, advice and support.