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| **KCW SHS SCHOOL REFERRAL FORM***(Completed Westminster SHS School Referral Form to be sent to:* cnw-tr.westminstershs.cnwl@nhs.net*)* |
| **SCHOOL DETAILS** | **CHILD’S DETAILS** |
| Date of Referral: | Child’s Name and DOB: |
| Name of Referrer:Designation: | Child’s Address: |
| Name of School and Class: | Name of Parents / Guardian & Contact Number: |
|  | Parental Consent: Y / N Date Consent Received: Interpreter required: Y / N Language:Ethnicity:  |
| Nature of Concern: |
| Action already taken:(e.g. discussed with parent / carer, SENCO, Head Teacher) |
| Other Professionals Involved: |
| Action Required of School Health Service: |