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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](mailto: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: | |