******Richmond SEND Advice Team**

**Registration / Referral Form**

**Consent statement:** By completing this registration for a meeting (via phone, online or in person) with the SEND Advisor you are agreeing to:

* Ruils recording and holding necessary data about you and the work we do together
* Completing a feedback form either at the end or part way through the support we give you.

For further details on how your information is used, how we maintain the security of your information, and your rights to access or erase information we hold on you, please view our full Privacy Policy on our website <http://www.ruils.co.uk/your-information> or contact us on **020 8831 6083** or on email via info@ruils.co.uk to request a paper version.

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| --- |
| **Parent/Carer details:**  |
| **Name:****Address:****Email address:****Preferred phone number** |
| **Relationship to child:** |  |
| **Gender:** | Male | Female | Other: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Ethnicity  | Asian or Asian British | Black, Black British, or other Black background | Mixed or multiple ethnic groups | White British  | Other white background | Other ethnic groups | Prefer not to say |
| **Religion:** |  |

|  |  |
| --- | --- |
| I give consent to Ruils to undertake work on my behalf and to contact, as required, the relevant parties listed below. I can withdraw consent at any time: | Please tick all that apply |
| Achieving for Children |  |
| My Child/Young person’s school |  |
| Statutory services |  |
| Voluntary sector organisations |  |
| Other: please specify |  |

**PTO**

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| **Young person’s details: Name, date of birth, school** |
|  |
| **Address if different to parent:** |  |
| **Gender:**  | Male | Female | Other: |

|  |  |
| --- | --- |
| Diagnosis / disabilities and summary of issues: |  |
| Any extra information (including EHCP status): |  |
| What would you like to achieve with the help of SEND Advice? |  |
| **I consent to receive communication from Ruils by:*** Email
* Phone
* Text message
* Post

**Would you like to sign up for the Ruils quarterly email newsletters? (select all that apply)*** Yes, please send me the Ruils general newsletter
* Yes, please send me the Ruils Children’s Services newsletter
* No thanks

**Would you like to become a member of Ruils?** Join our vibrant and diverse community to influence our work/services, meet other members, share your ideas and access a network of local people. Membership is free and open to all.* Yes, please send me more information
* No thanks
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**PTO**

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| --- | --- | --- | --- |
| Print name |  | Date |  |
| Signature (I confirm that I have read and agreed to the consent statement) |  |

Please complete the relevant section below.

* If you **self-referred** to our service please let us know where you heard about us.
* If you are a **professional** making a referral on behalf of a client, please complete **the 3rd party referral** section

|  |  |  |
| --- | --- | --- |
| **Self-referral** | **Where did you hear about our service?** (e.g. school/a friend/a flyer/social media etc) |  |
| **3rd Party Referrer details** | **Name** |  |
| **Telephone Number** |  |
| **Email** |  |
| **Job Title & Organisation** |  |

Please return to: FREEPOST RSZZ-ZSKC-LAEB, Ruils, DAAC, 4 Waldegrave Road, Teddington, TW11 8HT / sendadvice@ruils.co.uk