

## Referral Form – QTVI (Qualified Teacher of Children and Young People with Vision Impairment)

Please email the referral to: [qe2referral@qe2cp.westminster.sch.uk](mailto:qe2referral@qe2cp.westminster.sch.uk)

<b>Name of Child/Young person</b>		<b>Setting name and address</b>	
<b>Date of Birth</b>			
<b>Name of Parent/Carer if applicable</b>		<b>SENCO name/ email address</b>	
<b>Home Address</b>			
<b>Borough of Residence</b>		<b>Year Group</b>	
<b>Contact Number(s)</b>			
<b>Email Address</b>			
<b>Ethnicity and Home Language</b>			
<b>Diagnosis</b> (Vision impairment and additional needs if applicable)			
<b>SEN Status</b>	No SEN	SEN Support	EHC Plan
<b>Causes for concern</b>			
<b>Does the child or young person use specialist equipment? If so, please give details</b>			
<b>Support required from Advisory Teacher</b>	<i>Please describe the input required from specialist teacher (observation, advice, target setting, modelling approaches etc.)</i>		
<b>Other agencies/ professionals involved</b> e.g. SALT, EP, CAMHS, OT			
<b>Form completed by: [including your role]</b>			
<b>Date</b>			

## Parent/Carer or Young Adult (18+) Consent Form

<b>Name of the Child/Young Person</b>	
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We request your permission to refer your child (or yourself if you are 18+) to the Bi-borough Inclusion Service and to be observed by an Advisory Teacher for children/young people with vision impairments

### Information sharing permission:

#### I understand and give my consent to the following:

- The advisory teacher may speak with relevant healthcare, education and local authority professionals regarding my child or myself
- The advisory teacher may share reports with other relevant professionals
- I may withdraw my consent for my child or myself to receive advisory teacher services at any time
- I will be notified by the advisory teacher before my child or myself is referred to another service or discharged from this service
- Medical files about my child or myself will be stored electronically and confidentially

**\*\*Please tick here if the child or young person being referred is also known to have any level of deafness or hearing loss. This will give permission for our QTMSI (Qualified Teacher for Children with Multi-sensory Impairment) to visit.**

### Please sign below to give your consent

<b>Name of person giving consent (if under 18 this must be a parent/carers)</b>	
<b>Signature of person giving consent (if under 18, this must be a parent/carers)</b>	

Please tick the boxes below if you give permission for relevant photographs/videos to be used in the following ways:

<b>I/we agree to photographs/videos to be taken and viewed only by the school and Bi-borough Inclusion Service</b>	
<b>I/we agree to photographs/videos to be taken and viewed for training purposes (to be viewed by external professionals and parent/carers groups)</b>	