



**For office use only: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ref No: \_\_\_\_\_\_\_\_\_**

**Multi Agency Child Development Team Referral Form**

**The Children’s Centre, Neath Port Talbot Hospital**

**This referral form is for referring Children and Young People to The Multi Agency Team (MAT), which includes the following:**

**Please tick which professionals you think this Child / Young Person needs.**

Physiotherapy

Occupational Therapy

Community Paediatricians (professional referral only)

Dietetics

Specialist Health Visiting

Speech and Language Therapy (0-4 years, please direct any communication concerns

to advice clinic)

* **Info for Schools only:Any school referral for Speech and Language Therapy needs to be made on the Communication and Support Forum Referral Form**
* **Please note, this form will be the main source of information for decisions around the referral so it is important that you provide as much detail as possible about the needs of the Child / Young Person.**

***Return the Referral form to:***

***MAT Co-ordinator***

***Children’s Centre***

***Neath Port Talbot Hospital***

***Port Talbot***

***SA12 7BX***

***Telephone: 01639 763475***

**IMPORTANT – PLEASE READ BELOW BEFORE COMPLETING THIS FORM**

**ALL relevant parts of this referral MUST be completed.**

**Incomplete referrals will be returned resulting in an unnecessary delay to assessment.**

**It is our usual practice to discuss the information on this form with members of the Multi Agency Team including relevant professionals from Health, Education, Children’s Social Care, and the Families First Disability Coordinator, in order to ensure the most appropriate and timely assessment.**

We process data in accordance with GDPR, please see attached relevantPrivacy Notices **which should be detached and kept by the parent/carer.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child / young person**: | | | **Gender:** |
| **Family Address:**  **Postcode:** | **Parents/Carers Names:**  **Home Tel:**  **Mobile:**  **Email address:** | | |
| **Date of Birth:** | **Does the child live in a Flying Start area? Yes / No** | | |
| **Age:** | **Do they attend Flying Start outreach? Yes / No**  **(if YES please state setting in box below)** | | |
| **NHS Number:** | **Name of School/Playgroup:** | | |
| **GP Name & Address:**  **Postcode:** | **Health Visitor Name & Address:**  **Postcode:** | | |
| **Language Spoken at Home:** | | **Consultant Name:** | |
| **Method of Communication:** | |
| **Is an interpreter/signer required? Yes / No**  **If so please specify which language:** | **Diagnosis (if applicable):** | | |

|  |
| --- |
| **Family Structure / Family Tree:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family History** | | | | | |
| **Mental Health** |  | **Substance Misuse** |  | **Physical Illness** |  |
| **Learning Disability** |  | **Alcohol Misuse** |  | **Domestic Violence** |  |

|  |  |  |
| --- | --- | --- |
| **Additional Information** | | |
| **Question** | **YES** | **NO** |
| Does the Child / Young Person have a Care and Support Plan? |  |  |
| Is the Child / Young Person named on the Child Protection Register? |  |  |
| Is the Child / Young Person a Looked After Child? |  |  |
| Name of Social Worker? | | |

|  |
| --- |
| **What are your main concerns/reasons for this request?** |
|  |

|  |
| --- |
| **What has worked well?** |
|  |

|  |
| --- |
| **What have you tried that has not worked well?** |
|  |

|  |  |
| --- | --- |
| **Please provide as much information as possible** | |
| **Health (including medications, investigations, equipment, etc.)** |  |
| **Education** |  |
| **Emotional and behavioural development:** |  |
| **Self-Care skills:** |  |
| **Social Circumstances**  **(E.g. housing, etc.):** |  |
| **Any other relevant information:** |  |

|  |
| --- |
| **Views of Child / Young Person and parent / carer regarding referral?** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **All agencies currently involved (please tick box below)** | | | | | | | |
| **Physiotherapy** |  | **Audiology** |  | **FS Educational Psychologist** |  | **Speech & Language** |  |
| **Specialist H/V** |  | **Orthopaedics** |  | **Educational Psychologist** |  | **Neurology** |  |
| **Paediatrician** |  | **Orthoptics** |  | **Occupational Therapy** |  | **TAF** |  |
| **Portage** |  | **Dietetics** |  | **Facing the Challenge** |  |  |  |
| Other (please state) | | | | | | | |

|  |  |
| --- | --- |
| **Please attach the following documents if available: (Please tick box next to documents attached)** | |
| **Educational Statement /IEP/IDP** |  |
| **SOGS** |  |
| **Foundation Phase Profile** |  |
| **M-CHAT RF** |  |
| **Developmental Assessment** |  |
| **Recent weights and heights (if dietetic referral)** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child / Young Person’s Ethnicity** | | | | | | | | | |
| **Black or Black British** | | **Asian or Asian British** | | **White** | | **Mixed** | | **Other Ethnic Groups** | |
| **Caribbean** |  | **Indian** |  | **White British** |  | **White & Black Caribbean** |  | **Chinese** |  |
| **African** |  | **Pakistani** |  | **White Irish** |  | **White & Black African** |  | **Not Given** |  |
|  |  | **Bangladesh** |  |  |  | **White & Asian** |  |  |  |
| **Other Ethnicity, please specify** | | |  | | | **Child/Young Person’s Nationality (if not British)?** |  | | |
| **Immigration Status?** | | |  | | | **Home Office Registration Number?** |  | | |
| **Asylum seeking/Refugee Status/Exceptional Leave** | | | | | |  | | | |
| **Child / Young Person’s religion?** | | | | | |  | | | |

|  |  |
| --- | --- |
| **Name of Referrer:** | **Address:** |
| **Role:** |
| **Date of Referral:** | **Postcode:** |
| **Signature of Referrer:** | **Telephone number:** |
| **Email of Referrer: (Professionals Only)** | |

.

****

**PRIVACY NOTICE**

**Introduction**

Abertawe Bro Morgannwg University Health Board are committed and legally bound to manage your information in a secure and confidential environment under the regulations of the General Data Protection Regulation (2016) which came into force on 25th May 2018.

More information about how we manage your information and further details about our Privacy Notice can be found at [www.nhsdirect.wales.nhs.uk/lifestylewellbeing/yourinfoyourrights](http://www.nhsdirect.wales.nhs.uk/lifestylewellbeing/yourinfoyourrights).

If you would like to know more about how ABMUHB safeguards your information or have any queries, please feel free to contact us via: [ABM.DPO@wales.nhs.uk](mailto:ABM.DPO@wales.nhs.uk).

**ABMUH Privacy Notice amended for MAT:**

**Why does the ABMU Health Board collect your information?**

When you are referred to the Multi-Agency Child Development Team your information may be recorded, on paper or on a computer, to help us take care of you.

We obtain the information we hold on you directly from your family/carer, a legal guardian or from others involved in your care elsewhere within the Health Board such as a Health Visitor, or externally, for example from your school or social worker.

The information is used as part of your health record and will be kept in case we need to see you again.

We collect information so that health, social care and educational professionals involved in your care have accurate and up-to-date information to assess your needs and decide what care and support is required by you. This will lead to better care/support both for you and for other patients in the future.

If you ever need to complain about the care/support you receive, your case can be properly investigated if we have more information.

**How your records are used**

* **To help you:** Your information will be used to keep accurate, up-to-date information about you. This helps staff to assess your health and support/care for you in the best way possible.
* **To help others:** Your information will help us provide high quality support/care and meet all our patients’ needs, train healthcare professionals and support future medical [research and development](http://www.wales.nhs.uk/sitesplus/863/page/39252/). Your information will also contribute towards national NHS statistics and audit, helping the health service to better review and improve care.

**Sharing your information**

We share your information between departments within the health service to take better care of you.

Sometimes we have to pass on information by law, for example to notify a birth or where a formal court order has been issued.

We may share your information to improve public service provision. We may need to share information about you to non-NHS staff, for example Social Services.

We will only do this if it is absolutely necessary, and we would discuss this with you at the time as required.

**Your rights**

You have many rights when it comes to your health record as it is your personal information. For example you have the right to know how we will use your personal information, the right to see your health record, the right to object to us using your information for certain purposes, and the right to ask for your information to be changed or erased if it is factually incorrect.

If you want to access your own clinical information, please contact the Access to Health Records Department via [accesstorecords@wales.nhs.uk](mailto:accesstorecords@wales.nhs.uk) or 01656 752135.

Links to be included in combined Privacy Notice:

[www.nhsdirect.wales.nhs.uk/lifestylewellbeing/yourinfoyourrights](http://www.nhsdirect.wales.nhs.uk/lifestylewellbeing/yourinfoyourrights) (ABMUHB website on GDPR)

[ABM.DPO@wales.nhs.uk](mailto:ABM.DPO@wales.nhs.uk) (queries or requests about how information is safeguarded)

[accesstorecords@wales.nhs.uk](mailto:accesstorecords@wales.nhs.uk) (to request access to personal health records)

****

**Privacy Notice**

1. In providing us with your personal information you hereby acknowledge that Neath Port Talbot County Borough Council is the Data Controller for all the personal information you provide on this form (for the purpose of the General Data Protection Regulation 2016 (GDPR) and the Data Protection Act 2018 (DPA)).

2. The personal data which we collect from you via this form will be used by the Council (pursuant to it carrying out its various statutory and business functions) for the following purposes:

*To make decisions in relation to the provision of services following a multi-agency team referral for children with a disability or additional need.*

3. As a Data Controller the Council is required under GDPR to inform you which of the Article 6 GDPR “Data Processing Conditions” it is relying upon to lawfully process your personal data. In this respect please be advised that in regards to the data provided by you on this form we are relying on the following two Article 6 conditions;

I. “The data processing is necessary for compliance with a legal obligation to which the controller is subject”. (Article 6(c) GDPR).

ii. “The data processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.” (Article 6(e) GDPR).

4. We may share your personal data securely with the following third parties (i.e. persons/bodies/entities outside the Council) in accordance with data sharing arrangements which we have in place with those third parties

*Abertawe Bro Morgannwg University Health Board*

*Whitehead Ross Education & Consulting* (who co-ordinate multi-agency meetings on behalf of Neath Port Talbot County Borough Council).

5. The personal information collected from you on this form will be held by the Council for a period of twelve years from receipt of your referral.

6. Please note that we are required to collect certain personal data under statutory requirements and in such cases a failure by you to provide that information to us may result in the Council being unable to provide you with a service and/or could render you liable to legal proceedings.

7. We would inform you that under Article 21 GDPR you have the right at any time to object to the Authority about the fact that we are processing your personal data for the purposes of carrying out a public task or exercising our official authority.

8. The Council will not transfer any of your personal data outside of the European Union. All processing of your personal data by us will be carried out in the United Kingdom or other European Union countries.

9. The Council will not use your personal data for the purposes of automated decision making.

10. Please be advised that under GDPR individuals are given the following rights in regards to their personal data:

I. The right of access to their personal data held by a data controller.

ii. The right to have inaccurate data corrected by a data controller.

iii. The right to have their data erased (in certain limited circumstances).

iv. The right to restrict the processing of their data by a data controller (in certain limited circumstances).

v. The right to object to their data being used for direct marketing.

vi. The right to data portability (i.e. electronic transfer of data to another data controller).

Further information on all the above rights may be obtained from the Information Commissioner’s website: www.ico.org.uk.

11. In the event that you have any queries regarding our use of your personal data, you wish to have access to the same or you wish to make any complaint regarding the processing of your personal data please contact the Council’s Data Protection Officer at the Directorate of Finance & Corporate Services, Civic Centre, and Port Talbot, SA13 1PJ.

12. Please be advised that in the event that you make a request or a complaint to the Council’s Data Protection Officer (see 9 above) and you are dissatisfied with the Council’s response you are entitled to complain directly to the Information Commissioner’s Office. Details of the Commissioner’s Office contact details and further information on your rights may be obtained from the Commissioner’s website – [www.ico.org.uk](http://www.ico.org.uk).

cid:image001.jpg@01D4EF94.76655E20

**Swansea Bay University Health Board Headquarters**

One Talbot Gateway, Baglan Energy Park, Port Talbot, SA12 7BR   **Phone** 01639 683334

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.