Cambian

everyone has a personal best

Referral Telephone No. 0800 138 1184
Referral Fax No. 01782 200 888

# Specialist education and care services
# Referral Form

Please select service: ☐ Cambian Autism/AS School ☐ Cambian Care Services for the Deaf

## About you

Name: _____

Address: _____

_____

_____

Telephone: _____

☐ SEN ☐ LA ☐ Health
☐ Parent ☐ Foster carer ☐ Legal Team

If you are a professional, please enter your job title

_____

### About your Authority

☐ SEN ☐ LA ☐ Health

Department: _____

_____

Contact number: _____

Email address: _____

## About the individual

Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female

Please provide more information about their needs including diagnosis:

_____

_____

_____

Does the child or young person have an SEN statement?
If yes, please supply date

☐ Yes ☐ No

Is the child or young person looked after?
If yes, please supply section no.

Yes _____ ☐ No

Preferred Cambian school or service if known:

_____

☐ 52 Weeks ☐ 38 Weeks ☐ Day Placement

Where is the child or young person currently placed?

☐ Independent SEN school ☐ Foster home
☐ Independent SEN residential school
☐ LA school ☐ Home ☐ PRU
☐ Respite services ☐ CAMHS service

Current placement address:

_____

_____

Key contact name: _____

Contact details: _____

Current year group: _____

Current academic level: _____

Expected outcomes and reason for referral (if known):

_____

_____

_____