**Sparkle leisure activities Referral form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please tick which area you wish to access leisure activities (the Local Authority that you pay your council tax to)** | | | |
| **Blaenau Gwent** |  | **Monmouthshire** |  |
| **Newport** |  | **Torfaen** |  |

**Please ensure this form is completed in full to avoid a delay in accessing the leisure services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child/Young person’s details:** | | | | |
| **Name** |  | | **Date of Birth** |  |
| **Address & Postcode** |  | | | |
| **Diagnosis** |  | | | |
| **Parent/Carer(s)**  **names** |  | | **Parent/Carer(s) contact numbers** |  |
| **Parent/Carer(s) email address** | This is essential for correspondence during the referral process | | | |
| **Gender:** |  | **Is your child/young person’s gender identity the same as at birth?** | | **Yes / No /**  **Prefer not to say** |

|  |
| --- |
| **Contact details of the referrer:** |
| **Name:**  **Relationship to child/young person:**  **Contact number:**  **Email address:**  **Date form completed:**  **How did you find out about Sparkle:** |

|  |
| --- |
| **If a parent/carer is completing this referral, please provide details of a professional supporting the child/young person who will endorse this referral:** |
| **Name:**  **Department:**  **Contact details:** |

The information you give to Sparkle is important to us. We believe the most important details are yours. We will keep the information you share with us safe and secure.

Data Protection Act (2018) legislation requires us to gain your consent to process your data, without this consent we are unable to progress the referral. If you agree to your information being held by Sparkle, please tick the box

You can find more information on how we use your personal information on:

[www.sparkleappeal.org/blog/sparkle-privacy-policy](http://www.sparkleappeal.org/blog/sparkle-privacy-policy)

**Please return the completed referral form to** ABB\_SparkleActivities@wales.nhs.uk

**Office Use:**

|  |  |  |
| --- | --- | --- |
| **Actions** | **Date** | **Staff initials** |
| Date referral received |  |  |
| Date acknowledgement email sent to parents/carer/referrer |  |  |
| Date of personal profile meeting |  |  |
| Date spreadsheet updated |  |  |