

**\*Referral Form for Leisure Activities**

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

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| **How did you find out about Sparkle?** | | Occupational Therapy | | Speech and Language | |
| Family Liaison Officer | Physio | | Paediatrics | | Other (please specify) |

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| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  | Email address |  |
| Mobile number |  | Home Number |  |
| Preferred method of contact  (*you may select more than one method)* | | Post Telephone  Email | |

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| --- |
| Details of Serennu based professional who will endorse this referral:  Name:  Department:  Contact details:  Alternative contact: |

For Swim Lesson Referrals Only:

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| **Did a professional recommend swimming lessons to you? Yes/No**  **(If yes, which service referred you)**  Occupational Therapy Speech and Language Physio  Family Liaison Officer Paediatrics Other (\*please specify) |
| **Has your child ever had hydrotherapy? Yes/No**  **If ‘yes’ is this ongoing? Yes/No** |

|  |  |
| --- | --- |
| Additional information that you feel it is important Sparkle are made aware of, relating to the child or parents needs in preparation for the profile meeting. |  |
| Contact details of referrer | Name:  Relationship to child / young person:  Contact Number:  Email:  Date referral form has been completed: |

**When the referral form has been received, a Sparkle member of staff will contact the family, to invite them into the centre to complete a personal profile and discuss which activities would best meet the child / young person’s needs.**

**Please return the completed referral forms to: Sparkle Office, Serennu, Cwrt Camlas, High Cross, Newport,NP10 9LY.**

**Email:** [**ABB\_SparkleActivities@wales.nhs.uk**](mailto:ABB_SparkleActivities@wales.nhs.uk)

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.

The new GDPR legislation states that we now need your consent to do so, this is called ‘opt in’. If you agree to your information being held by Sparkle, please tick the box

Date:\_\_\_\_\_\_\_\_\_

You can find more information on how we use your personal information on: www.sparkleappeal.org/blog/sparkle-privacy-policy

**Office Use:**

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| --- | --- | --- |
| **Actions** | **Date** | **Staff initials** |
| Date referral received |  |  |
| Date of personal profile meeting |  |  |
| Date referrer has been contacted |  |  |
| Date ‘Referral’ spreadsheet updated |  |  |