**Referral Form**

**BREAKOUT at Breakaway**

**Short Breaks – SCST**

**Address of Short Break drop off/ pick up: Breakaway, 2 Priors Close, Slough, SL1 2BQ (01753 825365)**

|  |  |  |
| --- | --- | --- |
| **Name:** | | |
| **Address ­­­­­­­­­­­:** | | **Post code:** |
| **Telephone:** | **Mobile:** | |
| **Email:** | | |
| **Age:** | **Date of birth:** | |
| **Gender: Male Female** | | |
| **Does your child/ young person have a disability? Yes No** | | |
| **If Yes, what is the nature of disability? (Please tick)**  **Physical disability Learning difficulty/disability**  **Sensory Impairment Autism**  **Epilepsy** | | |
| **Any medical conditions that staff should be aware of:** *i.e. Epipen, buccolam* | | |
| **Additional details / other: (e.g. hobbies, likes/dislikes,) Can you please give details of anything we need to take into consideration when supporting the child/ young person.**  **Wears pads/nappies:** | | |
| **Any behavioural issues that staff may need to be aware of:** | | |
| **Preferred method of communication for the child/ young person:** | | |
| **Name of school:** | | |
| **Name and address of GP surgery:** | | |
| **Emergency Contact details** | | |
| **Name:** | | |
| **Telephone:** | **Mobile:** | |
| **Alternative Contact**  **Name:** | | |
| **Telephone:** | **Mobile:** | |
| **Ethnicity**  **Which of the following best describe you? (please tick one box only)**  **White (British, European, Other White)**  **Mixed background (White & Black Caribbean, White & Black African,**  **White & Asian)**  **Asian or Asian British (Indian, Pakistani, Bangladeshi, Other Asian)**  **Black or Black British (Caribbean, African, Other Black)**  **Other Ethnic Group**  ***Please state:*** | | |
| **Referral made by:** | | |
| **Signed:** | | |
| **Print Name:** | | |
| **Date:** | | |