

**Bradford SENDIASS**

**Professional’s Referral Form**

Bradford SENDIASS can accept referrals from professionals who have **consent** to do so from aparent/carer or young person (aged 16 or over).

How we can help – Please see our leaflet or website

<http://www.barnardos.org.uk/bradford-sendiass/information-advice-and-support.htm>

\* I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to refer the individual/s listed below for support from the Bradford SENDIASS

\* My job role is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* The name of the organisation I am making the referral from is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* My contact number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Name of parent/carer/young person** | **Address and telephone number** | **Reason for Referral**  |
|  |  |  |

**I confirm that I have explained the nature of the service to the parent/carer and gained their consent to make this referral AND/OR**

**I confirm that I have explained the nature of the service to the young person and gained their consent to make this referral**

**Parent Signature…………………………………….Date………………………………..**

**Young Person Signature…………………………………………………Date………………………………**

**Professional Signature……………………………….Date………………………………**

(Referrer)

**Please return to :-**

**Bradford SENDIASS**

**40-42 Listerhills Science Park, Campus Road, Bradford, BD7 1HR Telephone: 01274 513300**