|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \* Date of referral |  | | | | | |
| \*Referrer’s name |  | | | | | |
| Referrer’s job role |  | | | | | |
| \*Referrer’s tel. |  | | e-mail: | | | |
| \*Child’s name |  | | | | Child’s gender M/F | |
| \*Child’s D.O.B |  | | | | | |
| \*Parent/carer name 1 |  | | | \* Tel: | | |
| Parent/carer name 2 |  | | | Tel: | | |
| Parent/carer e-mail address |  | | | | | |
| Parent/carer postcode |  | | | | | |
| Downright Special is a local charity that can offer the following support. Indicate which support you may be interested in now or in future | * Telephone or e-mail contact by our new parent group coordinator to provide advice and support including on adjusting to the diagnosis * Attending our Friday morning group sessions to meet other parent/carers and take part in communication/signing/sensory sessions. * Putting in contact with other parent/carers of children with Down syndrome locally. * Attending social events for local families/children with Down syndrome such as soft play sessions or parties. * Receiving written information, advice and updates via e-mail. * Being invited to join our closed Facebook or what’s app group to communicate with other families via social media. * Specialist support and advice for the child within a school or early years setting. | | | | | Y/N |
| Y/N |
| Y/N |
| Y/N |
| Y/N |
| Y/N |
| Is there anything else we need to know to help us make contact with you? E.g. language/s spoken, best time to call etc. | |  | | | | |
| \*Do you give verbal consent to the health/education professional completing this form to share the above information with Downright Special? | |  | | | | |