**Section 1: Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child/Young Person’s Name:** |  | | **Date of birth:** |  | **Age:** |  |
| **Full Postal Address:** | **Postcode:** | | | | | |
| **Parents/Carers Name:** |  | **Home Telephone Number:** |  | | | |
| **Mobile Number:** |  | | | |
| **Parents/Carers Email address:** |  | | | | | |
| **Gender:** |  | **Preferred language:** | **Welsh**  **English**  **Other** | | | |
| **Legal Status:** |  | **Ethnicity:** |  | | | |
| **Communication issues and/or any diagnosis:**  **For example: ASD, ADHD, Epilepsy, GDD etc.**  **Also please provide information regarding how the child or young person communicates and how best to share information with them.** | |  | | | | |
| **Name & Contact details of School:** | |  | | | | |
| **Contact details of Social Worker for Child/Young person:** | |  | | | | |

**Section 2: Referral Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of referral:** |  | **Referral made by:** |  |
| **Contact Name:** |  | **Telephone Number:** |  |
| **Email address:** |  |
| **Who is aware of a referral being made for a communication passport?** | | **Parent/Carer**   **Child/Young Person** |