**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** [ ]  |