



Levi's Star Children's Brain Tumour Charity

Children and Young People's Brain Tumour Education Outreach Service

REFERRAL FORM

PERSONAL PROFILE	
Child's/Young Person's Name:	Male or Female:
Date of Birth:	Age:
Mother's Name:	Father's Name:
Person/s with parental responsibility:	
Home Address:	
Contact Tel No/s (Mother):	Contact Tel No/s (Father):
Email Address (Mother):	Email Address (Father):
REFERRER	
Name of Referrer:	Designation:
Address:	
Contact Telephone Number:	Email Address:
Date of Referral:	Signed:
MORE ABOUT THE CHILD/YOUNG PERSON	
Type of Brain Tumour:	
Date of Diagnosis/Duration of Treatment:	
Name of Consultant:	
Name of Macmillan Nurse:	
Name of Social Worker:	
Name of School/College & Year Group:	

MORE ABOUT THE CHILD/YOUNG PERSON (cont...)

Educational History:

- | | | |
|--|--------------------------|--------------------------|
| 1. Has your child returned to school? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| 2. Has the child/young person got an Education Health and Care Plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| 3. Has the child got a My Support Plan in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| 4. Have parents/hospital professionals been in touch with, or had a meeting with school regarding the child's support needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| 4a. If so which member/s of school staff attended? | | |

Reason for referral, including any key dates. and any physical, cognitive and social/emotional/behavioural difficulties the child is experiencing. Please provide as much detail as possible:

Ethnic Origin: (Please tick relevant box)

Asian or Asian British:

- Bangladeshi
- Indian
- Pakistani
- Any Other Asian Background

Black or Black British:

- African
- Caribbean
- Any Other Black Background

Chinese:

Any Other Ethnic Background (please state):

Mixed:

- White and Asian
- White and Black African
- White and Black Caribbean
- Any Other mixed Background

White:

- British
- Irish
- Gypsy Roma
- Traveller of Irish Heritage
- White European
- Any Other White Background

Nationality:

Child's/young person's first language:

Does the child/young person require an Interpreter? Yes No

Does either parent require an Interpreter?

If Yes, please tick: Mother Father Both

Please state Language:

Parents Religion:

Child's/young person's Religion if different:

State child's/young person's specific religious needs:

Return completed form to: For attention of Vicky Ringer, Levi's Star Children's Brain Tumour Charity, Unit 3 Fusion Court, Aberford Rd, Garforth LS25 2GH Or email to: levisstar@btinternet.com Tel: 07971 932610