

RSBC REGISTRATION FORM

1) INITIAL REFERRAL INFORMATION

Young Person Name	Female Male	D.O.B. Age at referral:
Address & Postcode		
CYP Contact Details (if aged 18+)		
Parent/Carer's name: Address & Postcode: (if different from above)		
NB: These will be recorded as Emergency Contact unless advised otherwise		
Preferred contact details Tel Email	Alternative contact details Tel Email	
2nd Emergency Contact Name Relationship to CYP	Tel Email	
Eye condition	Are you registered?	
Date of VI diagnosis	<input type="checkbox"/> Severely Sight Impaired <input type="checkbox"/> Sight Impaired <input type="checkbox"/> Don't Know	
Please describe your vision impairment		

Additional disabilities? Y/N Please describe	Other medical conditions Please describe
Would like to know more about: Dorton College / Family First / Social & Independence Activities / Health & Wellbeing Clubs / Youth Forum / Telephone Support Adviser / Employment Programme / Assistive Technology	
Other:	
How did you hear about RSBC? School / College / University / Social Care team / Sensory Team / Hospital / Self / RSBC Website/Facebook / other media Other:	

Please note that we will hold your personal details on our secure database in order to provide ongoing support, send you newsletters and information about services, activities or events and to comply with the Data Protection Act. We will not share your details with any third party. Information would only be shared without your written permission if you or a family member appeared to be at risk of significant harm.

I give permission for RSBC to store my details for these purposes:

Y/N	Verbal/Email	Date:
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I give permission for RSBC to send newsletters, service information and updates:

Y/N	Verbal/Email	Date:
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Please note that you can opt out of this agreement at any time.

Referral (Office Use)

Referred by (external):

Referral contact (internal):

Referred to (Lead referral):

Date of referral:

Initial contact to be made by: