

RSBC Enrolment Form



Name of Child or Young Person		DOB	
Ethnicity		Gender	
Email Address		Tel	
Home Address		Postcode	

	Parent/Carer 1	Parent/Carer 2
Full Name		
Address (if Different)		
Home Language		
Telephone		
Email Address		

VI Diagnosis			
Date of Diagnosis (if known)		Sight Loss Registration (CVI)	
Unsure? <input type="checkbox"/>	Sight Impaired? <input type="checkbox"/>	Severely Sight Impaired? <input type="checkbox"/>	Under Review? <input type="checkbox"/>
Any Additional Needs (eg learning, medical, mobility, etc)			

Referrer Name	
Organisation and Role	
Referrer Contact Details	

Reason for Referral and request for information
<p>Families First <input type="checkbox"/> Dorton College <input type="checkbox"/> Social and Independence groups <input type="checkbox"/> Health and Wellbeing groups <input type="checkbox"/></p> <p>Creative groups <input type="checkbox"/> Employment Advice <input type="checkbox"/> Assistive Technology Advice <input type="checkbox"/> Telephone Support Service <input type="checkbox"/></p> <p>How did you hear about RSBC?</p>
Additional Information (including access and

By signing this form, you give your consent for the referer to share this information with RSBC. Your details will be stored confidentially by RSBC on a secure database in accordance with the General Data Protection Requirements (GDPR) and will be used to provide service information and ongoing support. Information would only be shared without your permission if you or a family member appears to be at risk of harm.

Name (Parent/Carer):	Signature: Verbal consent: <input type="checkbox"/>	Date:
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Additional Permissions (to be completed after contact with the family)

It is often helpful to be in contact with other professionals who are involved with you and your child to ensure a joined-up approach, I will always let you know who I speak with. Who do you think it would be useful for me to speak to? For example, education, health, QTVI, Mobility/Habilitation specialist.

Please indicate your agreement for me to contact these professionals.

Name	Organisation	Contact Details	Consent to Contact?
Date of Last Multi-Agency Meeting (if applicable)			

RSBC Permissions

In addition to letting you know about our services, from time to time we would like to send you information about the work of our charity and how you can get involved. Please note that you can stop receiving this information at any time. Would you be interested in hearing about:

Events? Yes No Date: _____
 News/Campaigns? Yes No Date: _____
 Volunteering? Yes No Date: _____

Signed:	Date:
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Please note that you have the right to obtain a copy of your personal information held by the RSBC and can opt out of these data agreements at any time.