

**THE FLUENCY TRUST RESIDENTIAL COURSE**

**REFERRAL FORM**

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| **Name**\* | Click or tap here to enter text. | | |
| **Address**\* | Click or tap here to enter text. | | |
| **DOB**\* | Click or tap here to enter text. | **Age** | Click or tap here to enter text. |
| **Gender**\* | Click or tap here to enter text. | | |
| **Tel No** \* | Click or tap here to enter text. | | |
| **Email**\* | Click or tap here to enter text. | | |

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| **Parent Name/s\*** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Address**\* | Click or tap here to enter text. | Click or tap here to enter text. |
| **Tel No** \* | Click or tap here to enter text. | Click or tap here to enter text. |
| **Email**\* | Click or tap here to enter text. | Click or tap here to enter text. |
| **Mark box if the person named has parental responsibility** |  |  |

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| **G.P**\* | Click or tap here to enter text. |
| **G.P Address**\* | Click or tap here to enter text. |
| **NHS No**\* | Click or tap here to enter text. |

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| **Name of Referrer\*** | Click or tap here to enter text. |
| **Address of Referrer\*** | Click or tap here to enter text. |
| **Tel No. \*** | Click or tap here to enter text. |
| **Email Address of Referrer\*** | Click or tap here to enter text. |

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| **Full Details of who is to be invoiced for the course** | |
| Name\*Click or tap here to enter text. | Contact No. \* Click or tap here to enter text. |
| Address\* Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Self Funding Parent/ Carer please sign to agree to payment and terms and conditions\*  **…………………………………………………** | |
| Please see below for our payment terms and conditions\* | |

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| **Culture/Religion**  We would like to be sensitive to your culture or religion. Please put down any details you would like us to know |
| Click or tap here to enter text. |

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| **Languages**  We would like to be sure that we are communicating with all groups in our population. Please put down which languages are used in your home. | | | |
| Click or tap here to enter text. | | | |
| Would you like the help of an interpreter, or translation of any written material? | Yes | No | If Yes, which language? |
|  |  | Click or tap here to enter text. |

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| **Ethnicity**  To help us know whether we are reaching all groups in our population, please indicate the child’s ethnic group, as defined by the Office of Population Census and Surveys.   |  |  | | --- | --- | | a) White  - British  - Irish  - Other white background | b) Mixed  - White & Black Caribbean  - White & Black African  - White & Asian  - Any other mixed background | | c) Asian or Asian British  - Indian  - Pakistani  - Bangladeshi  - Any other Asian background | d) Black or Black British  - Caribbean  - African  - Any other Black background | | e) Other Ethnic Groups  - Chinese  - Any other ethnic group |  | |

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| **Education** | |
| School/ College | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Tel No. | Click or tap here to enter text. |
| Headteacher | Click or tap here to enter text. |
| SENDCo | Click or tap here to enter text. |

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| New school/ college if transitioning in September post course | |
| School/ College | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Tel No. | Click or tap here to enter text. |
| Headteacher | Click or tap here to enter text. |
| SENDCo | Click or tap here to enter text. |

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| **Reason for referral**  (Include particular reasons why you feel a group/ residential course is needed) |
| Click or tap here to enter text. |

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| **Details of previous therapy and progress** |
| Click or tap here to enter text. |

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| **Family background, including any history of stammering** |
| Click or tap here to enter text. |

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| **Speech and language development** |
| Click or tap here to enter text. |

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| **Details of school progress**  Include academic progress, relationship with peers, concentration in the classroom, any behavioural difficulties/ differences |
| Click or tap here to enter text. |

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| **Description of young person’s personality**  Including what they enjoy, strengths and things they find more challenging |
| Click or tap here to enter text. |

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| **Details of other family members (including names, ages of siblings)** |
| Click or tap here to enter text. |

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| **Independence and Self-Help Skills**  Comments here about manging personal care, safety, independence |
| Click or tap here to enter text. |

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| **Information About Stammering** |
| When was stammering first noticed? |
| Click or tap here to enter text. |
| Factors affecting stammering. Things that help or hinder. |
| Click or tap here to enter text. |
| How do family members react to the young person’s stammering? |
| Click or tap here to enter text. |
| How does the young person feel about their speech? |
| Click or tap here to enter text. |

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| What would the family like to gain from the course? |
| Click or tap here to enter text. |
| What would the young person like to gain form the course? |
| Click or tap here to enter text. |

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| **Stammering Features** | | | | | | |
| Repetitions of  sounds  words  syllables |  | Prolongations (stretching a sound) |  | Blocks (getting stuck) |  | Rate of speech (speed)  Click or tap here to enter text. |
| Comments  Click or tap here to enter text. | | Comments  Click or tap here to enter text. | | Comments  Click or tap here to enter text. | | Level of tension  Click or tap here to enter text. |
| Behaviours related to stammering (Concomitant movements)  Click or tap here to enter text. | | | | | | |
| Avoidance (of situations/ words)  Click or tap here to enter text. | | | | | | |
| Emotions (e.g. anxiety, frustration)  Click or tap here to enter text. | | | | | | |

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| **Any other comments / observations**  Things we should know that haven’t been covered so far |
| Click or tap here to enter text. |

Please return to:

**The Fluency Trust**

**The Salt Way Centre**

**Pearl Road**

**Swindon**

**SN5 5TD**

**Or email aford**[**@swindon.gov.uk**](mailto:cmcneil@swindon.gov.uk)

**Tel 01793 466790**

**Payment Terms and Conditions**

The Fluency Trust Charity fund the residential element for all children to attend the course. This includes accommodation, food, activities and coach travel from Swindon to Skern Lodge and return.

Funding for the Speech and Language Therapy element can be obtained through your local provider service. Please discuss this with your local Speech and Language Therapy Service. All trusts funding places will be invoiced following the course.

Families who choose to self-fund the therapy element agree to the following;

**Fees and Invoicing:**

To pay the total fees for therapy provided by Swindon Borough Council. Invoices will be sent following the introduction day, with payment due in full before the start of the course.

**Payment Terms:**

All fees must be paid in full by the start of the course to ensure the young person can attend.

**Cancellation Policy:**

Refunds will only be considered in exceptional circumstances and must be discussed with the course leader (Alex Ford) prior to the first day of the course. The family understands and agrees that:

If cancellation occurs after the first day of the course, no refund will be provided.

If cancellation occurs before the first day of the course, Swindon Borough Council may, at their discretion, refund a percentage of the total fees.

**Exceptional Circumstances:**

Examples of exceptional circumstances include but are not limited to medical emergencies, family crises, or unforeseen events that significantly impact the young person’s ability to participate in the course.

**Procedure for Cancellation:**

To request a cancellation and potential refund, the family must notify the course leader in writing, explaining the exceptional circumstances leading to the cancellation. The course leader will review the request and communicate the decision to the family in a timely manner.

**No-Show Policy:**

If the family fails to attend the course without prior notification and approval, no refund will be provided, and the full course fee will be retained by Swindon Borough Council.

**By signing the payment box above, the family acknowledge and agree to the terms and conditions outlined.**