



NHS / Other	Con / SN / Mix	ANSD	APD	
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**Swindon Hearing Support Team**  
 C/O The Dorcan Academy  
 St Paul's Drive  
 Swindon  
 SN3 5DA  
 Tel: 01793 544021  
 Email: [HSTAdmin@swindon.gov.uk](mailto:HSTAdmin@swindon.gov.uk)



## INITIAL REFERRAL FORM

### Swindon Hearing Support Team

Please complete all boxes

Surname:			
Forename(s):			
Date of birth			
Address:			
Parent/guardian name:			
Relationship to child:			
Tel:			
Mob:			
Email:			
Details of hearing loss (please circle)	Type:	Degree:	Audiogram attached?
	Conductive	Mild	Yes / No
	Mixed	Moderate	
	Sensory	Severe	
	Neural	Profound	
	ANSD		
Name of educational setting:			
School year (if applicable):			
Additional needs:			
Does he/she have an Early Help Record, Statement or Educational Health Care Plan in place?	Yes / No / Don't know		
Name of person making referral:			
Position / title:			
Referral date:			
<b>Important information for parents: Please make sure you read the information below before signing the form. Please contact the HST if you would like further information.</b>			
<p>In providing your signature, you are agreeing to allow the Teachers of the Deaf and Audiology to share information between each other. Your child's details will be added to the Hearing Support Team's secure electronic database. You are also giving permission for a HST member to contact your child's school and to visit and assess your child as appropriate. Part of the assessment and any future support that is indicated thereafter will involve team members removing, testing and replacing your child's hearing aids. It may also involve a qualified member of the team taking earmould impressions for your child. We are often asked by other professionals for information / reports on children (e.g. Speech Therapy, Health Visitors, Physiotherapy, Social Care, Occupational Therapy, Educational Psychology, CAMHS teams etc). If you do not want us to share information with other professionals please tick here: <input type="checkbox"/></p>			
Do you consent to ENT sharing their letters to you with the HST?	Yes / No / NA		
Parent / guardian permission (please sign)			
Print name:			

***HST office use only***

Date received:	
Copied / scanned & entered on database:	
Allocation of advisory teacher / date:	
Date of first contact with parents:	
Date if first visit:	