

Ethnic Minority & Traveller Achievement Service (EMTAS)

Referral Form

Pupil details:

Pupil Forename: Pupil Surname: Date of Birth: Sex: M FFirst Language: UPN: NC Year Group: Date joined school:

Class teacher/EAL Link Teacher:

Previous education if known:

Name Email

Referrer details:

School / Setting:

Referrer:

Name Email

How is the pupil being supported?

What are your concerns?

Please ensure that the Parent/Carer Consent is completed in full (see overleaf)
BEFORE submitting this referral to EMTAS.

Parent/Carer consent

Parent/Carer details

Title	<input type="text"/>	Forename	<input type="text"/>	Surname	<input type="text"/>
Contact number	<input type="text"/>				
Address	<input type="text"/>				
Postcode	<input type="text"/>	Email	<input type="text"/>		
Relationship to child	<input type="text"/>				

I give consent for my child's school/setting to make a referral to EMTAS.

I understand the information recorded on this form will be stored and used only for the purpose of providing a service to the child for whom I have parental responsibility.

**Please share any information about your child that maybe relevant
e.g. What languages are spoken at home and how often?**

PLEASE TICK THE AGENCIES EMTAS HAS PERMISSION TO SHARE INFORMATION WITH.

To comply with GDPR legislation please tick those agencies which you agree EMTAS can share information with.

- | | |
|---|---|
| <input type="checkbox"/> Speech and Language Therapy | <input type="checkbox"/> Educational Psychology Service |
| <input type="checkbox"/> High Incidence Needs Team (HINT) | <input type="checkbox"/> Behaviour Support Service |
| <input type="checkbox"/> Low Incidence Needs Team (LINT) | <input type="checkbox"/> Education Support Service |
| <input type="checkbox"/> Consultant/Paediatrician/GP | |

PLEASE NOTE: You have the right to withdraw consent at any time by e-mailing emtas@gateshead.gov.uk

Signed: Name: Date:

Once completed, please email this form to emtas@gateshead.gov.uk

E-mail confirmation will be sent on receipt of referral. If you have not received this within two weeks, please contact EMTAS using the above e-mail.