

REFERRAL FORM FOR CHILDREN WITH A VISUAL IMPAIRMENT

Name of child

D.O.B

Home address

Tel (home)

Mobile

Email

Date of referral

Referral made by

School/setting

Visual difficulties

Other conditions

Date of initial contact with family/child

Please return form to;

Brendan Dowling (Team Leader)

Visual Impairment Team

Riverside centre,

2 Armstrong Way,

Ashington,

Northumberland,

NE63 0YD

Or Email; Brendan.Dowling@northumberland.gov.uk
