

PEMBROKESHIRE SIBLING GROUP

Charity Commission for England and Wales, Charity Registration No: 1076083

www.pembrokeshire-sibling-group.org.uk

Referral form

Please answer **all** questions and return this form to;
Elizabeth Edwards
Mountain Park Farm, Lawrenny, Kilgetty, Pembrokeshire, SA68 0PT.

Names and Date(s) of Birth (DoB) for child(ren) being referred. Please state surname if different from parent or guardian.		
Name of Parent or Guardian to whom correspondence should be addressed		
Address of Parent or Guardian		
Telephone Numbers	Daytime	
	Evening	
	Mobile	
Which contact number should be used first in an emergency?		
Details of recognised professional supporting the referral: (E.g. Teacher, Social Services Professional, GP, Health Visitor or other health	Name: Position: Telephone Number: Signed:	

professional)	Date:
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To be eligible to receive the services of Pembrokeshire Sibling Group the referred child(ren) must have a disabled brother or sister.

Name(s) of disabled child(ren)	
Please describe the nature of the disability, or disabilities.	
In what way does the disability affect the life of the referred child(ren)?	

I give permission for the referred child(ren) to receive the services of the Pembrokeshire Sibling Group and understand that information given will be held under the Data Protection Act for the legitimate purposes of the charity.

Signed: (Parent/Guardian)

Date: