

ACTU INFORMATION DAY REFERRAL FORM - PROFESSIONAL

Section A: Applicant Information (Tick one of the following)

- Occupational Therapist
- Speech and language Therapist
- Educator
- Other _____

Section B: Applicant details (all items to be filled in)

Name and surname of professional _____

Work address _____

Work telephone _____

Work email _____

I confirm that I've discuss this with the client/child's parent/guardian and they are aware of this appointment

Section C: Reason for referral (kindly choose one of the below)

1. Client consultation for Augmentative and Alternative Communication (AAC) service

(To be filled in by a speech and language pathologist (SLP) *only* and if client not eligible for standard ACTU service OR if client is 16+)

Client's name _____

Address _____

Date of birth _____

I.D. number _____

Gender: Male Female Other

Parents/Guardians (if referring child, state names and relationship to the child. Include address if different to the child's address):

Parent/Guardian 1

Parent/Guardian 2

Tel _____

Mobile _____

Email _____

Please ask the parents/guardians to sign the consent form (section E)

Custody - In the event that custody of the minor is vested in one parent, documentary evidence, such as the relative court decree or birth certificate, is to be presented for verification purposes.

Primary language use _____

2. Client consultation for Electronic Assistive Technology (EAT) service

To be filled in by Occupational Therapist (OT), Speech and Language Pathologist (SLP), Head of Department (Inclusion) and/or member of the School Management Team (SMT) OR teacher only, and if client not eligible for standard ACTU service OR if client is 16+ (see eligibility criteria)

Client's name _____

Address _____

Date of birth _____

I.D. number _____

Gender: Male Female Other

Parents/Guardians (if referring child, state names and relationship to the child. Include address if different to the child's address):

Parent/Guardian 1

Parent/Guardian 2

Tel _____

Mobile _____

Email _____

Custody - In the event that custody of the minor is vested in one parent, documentary evidence, such as the relative court decree or birth certificate, is to be presented for verification purposes.

Please ask the parents/guardians to sign the consent form (section E)

School/College name _____

School/College address _____

Telephone _____

Primary language use _____

3. Professional Consultation to discuss possible referral for (tick only one):

Augmentative and Alternative Communication (AAC) service OR

Electronic Assistive Technology (EAT) service

4. To view equipment, please indicate the name or type of equipment that you would like to view

5. Training on specific equipment (indicate name of equipment):

Section D:

What do you expect to achieve from this appointment?

Please list any other relevant information that might be helpful for this consultation (attach any relevant reports)

Signature: _____

Date: _____

Section E: Consent

I, the undersigned in my capacity of _____, bearer of I.D. card number _____, (hereinafter referred to as “the Client”) am giving my consent to Aġenzija Sapport, to process and hold personal and sensitive personal data concerning the Client as necessary so that the Client can receive ACTU service from the aforesaid Agency in accordance with this application.

I understand that:

- By opting out, my application cannot be processed;
- If I do not give my consent, ACTU professionals authorised by Aġenzija Sapport will not be in a position to provide the Client with any of its service;
- I accept home and school visits from ACTU professionals;
- To ensure that the Client receives professional help, professionals involved in the case and persons authorised by Aġenzija Sapport, who may be assigned with different units and services within the Agency, may have access to the Client’s personal and sensitive information, in accordance with the confidentiality policy of the Agency;

- Data provided by the undersigned may be retained by Aġenzija Sapport or transferred to third parties to provide me and the Client with the best possible service or otherwise as required by law. Data about the Client may also be collected from third parties for these purposes;
- Data files would be kept under lock and key when not in use;
- Certain information, which in no way can be used to identify the Client, can be processed for statistical and research purposes;
- Information which I share about minors or persons considered vulnerable who are victims of abuse or who Aġenzija Sapport deems to be at risk of abuse, may be passed on to other relevant authorities, including police, both locally or internationally, in circumstances where this would be in the best interest of the persons in question;
- Information about the Client may be passed on to other relevant authorities, including police, both locally or internationally, in circumstances where Aġenzija Sapport deems that the Client can be a risk either to himself/herself or to a third person or where the Client might potentially be at risk because of someone else, or in circumstances where Aġenzija Sapport is compelled by law to disclose such data;
- Information about the Client may also be disclosed to relevant authorities who are authorised by law to request such data in the exercise of their official authority;
- Aġenzija Sapport workers may be asked to give their testimony in pending or future Court cases, and the Courts may, under certain circumstances, oblige the worker to give witness and pass on information which could have been communicated to them by the Client or by a third person about the Client or about someone else.
- I/we am/are aware that for the purpose of the Data Protection Act (Chapter 440 of the Laws of Malta, 2002), I/we can make a written request to be informed which information about the Client is stored by Aġenzija Sapport. I/we am/are also aware that for the purpose of the same Act, the Data Controller within Aġenzija Sapport is:

Ms Ruth Rose Sciberras, Chief Executive Officer, Aġenzija Sapport

Triq Patri Ġwann Azzopardi, Santa Venera, SVR 1614

I confirm that I have read this declaration myself and that I understood it

I confirm that this declaration was read to me and that I understood it

Professional: _____ I.D.: _____

Signature: _____

I/we hereby give permission to Aġenzija Support to contact me/us to gather information for statistical purposes or to invite me/us or the Client to participate in research studies, even after the Client no longer receives service from Aġenzija Support

I can be contacted on: _____

Signature: _____