



ACTU INFORMATION DAY REFERRAL FORM (PROFESSIONAL)

This referral form is to be used by professionals who would like to make an appointment to explore augmentative and alternative communication (AAC) or electronic assistive technology (EAT) with a client in situations where the client:

- Has not achieved cause and effect
- Is over the age of 16yrs

Professionals are welcome to make an appointment for themselves for training or to view equipment.

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

Occupational Therapist Speech and Language Pathologist Educator

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

Name and surname of professional _____

Work address _____

Work telephone _____

Work email _____

Section C: Client details (all items to be filled in)

I confirm that I have discussed this with the client/child's parent/guardian and they are aware of this request.

Client's name _____

Client's diagnosis _____

Address _____

Contact number (16+) _____
Contact email _____
Date of birth _____
I.D. number _____

Please describe the client's current communication skills including receptive and expressive language, pragmatic skills, non-verbal communication and literacy skills (attach a report)

Please describe the client's physical abilities (attach a report):

Gender: Male Female Other

If applicable, Parents/Guardians:

	Parent/Guardian 1	Parent/Guardian 2
Address	_____ _____ _____	_____ _____ _____
Mobile	_____	_____
Email	_____	_____

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

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 used _____

Section D: Reason for request (kindly choose one of the below)

Client consultation for Augmentative and Alternative Communication (AAC) service

Request to be made by a Speech and Language Pathologist.

Please go to Section E.

Client consultation for Electronic Assistive Technology (EAT) service

Request to be made 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).

- Mounting
- Access methods
- Educational software
- Gaming
- Other Specify _____

Please go to Section E.

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

Augmentative and Alternative Communication (AAC) service

Electronic Assistive Technology (EAT) service

Please go to Section E.

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

Please go to Section E.

Training on specific equipment (indicate name of equipment this may include software and hardware):

Please go to Section E.

Section E:

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: SLT report for AAC requests:

OT/Physiotherapy reports for EAT requests:

Signature: _____

Date: _____

Section F: 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 Agenzija 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 Agenzija 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 Agenzija 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 Agenzija 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 Agenzija 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 Agenzija 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:

Mr Oliver Sciculna, 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 Sapport 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 Sapport

I can be contacted on: _____

Signature: _____