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| **Parental/Young Person’s Request for an Education, Health & Care Needs Assessment** | | | | | | |
| **User with solid fillChild/ Young person’s name:** |  | **Date of Birth:** |  | **Gender:**  **Male**  **Female**  **Non-Binary** |  | |
| **Likes to be known as:** |  | **Preferred Pronoun:**  **He/She/ They/ Them** |  | **Address:** | |  |
| **Ethnicity:** |  | **First aid kit with solid fillGP Address**: |  |
| **NHS No:** |  |
| **Name of Educational / Nursery Setting:** |  | **Year Group:** |  | **Interpreter required?**  ***Y/N*** | |  |
| **Date of admission:** |  | **Religion:** |  | **Home Language:** | |  |
| **User with solid fill Named Parent/Carer:**  *Parent/carer in receipt of Child Benefit payments* |  | **Relationship to child / young person:** |  | | | |
| **Speaker phone with solid fillPhone Number:** |  | **Email with solid fillE-mail address:** |  | | | |
| **Named parent/carer 2:** |  | **Relationship to child / young person:** |  | | | |
| **E-mail address:** |  | **Speaker phone with solid fillPhone Number:** |  | | | |
| **Additional Information:** | | | | | | |
| **Do you have a Social Worker involved with the child/ young person.**  ***If so, please provide the contact details for the allocated Social Worker or state N/A*** | |  | | | | |
| **Is there a Special Guardianship Order (SGO) in place?**  ***A copy of the Court Order must be provided with the request or state N/A*** | | **Name of SGO:** | | | | |
| **Is the young person in receipt of any additional funding?**  ***Examples of this include DLA, Child Tax Credit, Early Years funding, medical funding etc… or state N/A*** | |  | | | | |
| **If your child attends nursery, for how many hours do they attend per week?**  ***Include hours they attend with Tax Free Childcare or state N/A.*** | |  | | | | |
| **Do you need help getting your child into a setting?**  ***Please explain circumstances or state N/A*** | |  | | | | |

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| As part of the Education, Health and Care Needs Assessment the Local Authority will be requesting and sharing information with relevant professionals from within the Council and from Health Services. This will include Social Care Services, the Educational Psychology Service, the Community Paediatrician, Schools, Colleges and other relevant professionals. The information may also be shared with an organisation outside the European Economic Area who may be involved in drafting a plan. The Local Authority has ensured that the relevant security checks and protection of data is in place.  The purpose of sharing this information is to ensure that information can be gathered about your (young person) child’s (parent/carer) educational needs and any relevant health and care needs so that Agencies can determine and plan any additional support that might be needed.  This information will be stored on a number of databases on the Council’s and the NHS IT system. With your consent we will only share information if it is in your (young person) or your child’s (parent) best interests. The information will not be disclosed to a third party unless we are legally bound to do so, or there is a risk of serious harm.  You have a right to make a request to see any information that is stored about you (young person) or your child (parent/carer). | | | | |
| I confirm that I have parental responsibility understand and agree to the local Authority requesting and sharing information as part of this application. | | | | |
| **Name of parent:** |  | **Signature:**  ***Ink/ e-signature required.*** | |  |
| **Date:** |  | | | |
| **Young Person:**  ***Young person must sign consent form if they have reached school leaving age and over the age of 16 years old.*** |  | | **Signature:**  ***Ink/ e-signature required.*** |  |
| **Date:** |  | | | |

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| **User with solid fillUser with solid fillOne Page Profile about your child.** | |
| **Current Photo** | **What people like and admire about me:** |
| **All About Me:** | |
| **Who is important to me?** | **How to best support me** |
| **What I like:** | **What I dislike:** |
| **What are my hopes and dreams for the future?** | |

**In your point of view, we would like to understand and know more about your child.**

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| Please explain what is working well and what is not working well? | |
| **What is working well?** | **What is not working well?** |
| **Home1 with solid fillIn the family** | |
|  |  |
| **Users with solid fillIn the community** | |
|  |  |
| **Schoolhouse with solid fillIn nursery/school/college** |  |
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* **What additional help has your child received at school?**

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| **Please outline your understanding of what support is provided for your child to access education, if applicable.** |
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* **Health needs that relate to the young person’s Special Educational Needs**

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| **Please outline your understanding of your child’s health needs and attach any medical reports, if applicable.** |
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* **Social Care needs that relate to the young person’s Special Educational Needs**

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| **Please outline if your child has social care needs, attach reports if applicable.** |
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* **Please provide us with information about your child that you would like the multi-agency panel to know when it considers the request for an EHC assessment.**

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| **Please summarise why you think an EHC needs assessment would be helpful for your child. (Attach any additional sheets or reports).** |
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| **Other professionals involved/Documentation to support the request.**  *Please list details of attached reports or evidence from appropriate services.*  ***Do not*** *include any reports that are over 12 months old, unless they are a diagnosis. Reports* ***must*** *be on headed paper and signed.*  *If a service is involved with the young person, a report must be submitted to record their assessment and recommendations*. | | | | |
| **Name** | **Service / Locality** | **Email** | **Dates of involvement** | **Currently involved.**  **Y/N** |
| ***Example:*** J. Smith | SALT - Bury | j.smith@saltnhs.com | Sept 2022 | Y |
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| **Important Information:**   * **The EHC Team cannot process this request without a written ink signature / e-signature from the parent/carer or young person (over 16s). Please make sure you have signed the request at the top of this form.** * **Do inform us if you would like us to post this form to your home address. We will accept a photograph or scanned copy of your ink signature on the form. You must return this completed request to either** [**ehc@bury.gov.uk**](mailto:ehc@bury.gov.uk) **or post to:**   **The EHC Team,**  **3 Knowsley Place,**  **Duke Street,**  **Bury,**  **BL9 0EJ.**   * **You will receive an acceptance letter from the EHC Assessment & Review Team once we have confirmed receipt of your request. It will then take 6 weeks for a decision to be made by the multi-agency panel on whether the LA will agree to the EHCN Assessment. If you do not receive an acceptance letter the LA has not received your request.**   **Further support:**  **You can also find advice and information on Bury’s Local Offer on the Bury Directory and by following this link:** [**www.theburydirectory.co.uk**](http://www.theburydirectory.co.uk)  **Help is also available from the Bury SEND Information Advice Support Service (IASS). This is an impartial, confidential and free service which can help you through the SEND system. You can contact the Service on 01706 769634.** |
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