

YOUNG PERSON REQUEST FOR EDUCATION, HEALTH AND CARE PLAN NEEDS ASSESSMENT (EHC Needs Assessment)

Name of Child/Young Person:	Date of Birth:
Home address:	Telephone number:
Current School:	Home Language:

I would like the Royal Borough of Greenwich to undertake an EHC Needs Assessment for me, the above-named child/young person.

Signed:	Name: (Please print clearly)
Date:	Email address:

In the event that an EHC Needs Assessment is agreed, this form also gives consent for examinations/assessments that are required as part of an EHC Needs Assessment the SEND Code of Practice 2015. Please do not amend or add to the tick boxes listed below otherwise the consent form will be invalidated.

Please tick:

- I agree to having a medical examination by the Community Paediatrician OR other medical specialist.
- I agree that report(s) will be written after examination(s) and forwarded to Royal Greenwich without my further consent.
- I agree to be seen by relevant professionals, if necessary.
- I agree with papers and report(s) being shared with relevant professionals, educational settings, schools, Children's social care, including the Multi-Agency Safeguarding Hub (MASH) and other professionals as and when appropriate.
- I understand that an Education, Health and Care plan will only be issued by Royal Greenwich in circumstances where the EHC needs assessment concludes that it is necessary for special educational needs provision to be made for a child or young person.

The following professionals* are currently involved and are able to provide advice:

**Examples of Professionals involved may include people such as: An Educational Psychologist, Speech and Language Therapist, medical consultant, community paediatrician, teacher, specialist teacher, physiotherapist, ASD Outreach worker, CAMHS, Behaviour Support Worker, Occupational Therapist, Physiotherapist, music therapist, social worker, etc.*

(Please attach reports from these professionals if you have them).

Professional's Name	Role	Postal address	Email address/phone number

(Please continue this list on a separate sheet if necessary)

I have completed the consent form

I have completed the information sheet

Signed: _____

Name: _____
(please print clearly)

Date: _____

Email address: _____

Privacy Notice

Under the Data Protection Act 2018 and the GDPR the Royal Greenwich are collecting personal information to enable the best possible advice and support to be provided and to meet the statutory requirements under the Children and Families Act 2014.

We need to collect this information in order to consider your request for an Education Health Care Needs Assessment.

This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 - Article 6 (1) b).

Royal Greenwich will not share any personal information with external organisations unless required to do so by law.

For further details on the council's privacy arrangements please view the privacy page on the council's website page: https://www.royalgreenwich.gov.uk/directory_record/484613/childrens_services

Please return this form to:

Special Educational Needs Assessment & Review Service

1st Floor, The Woolwich Centre, 35 Wellington Street, Woolwich, London SE18 6HQ