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| **Young person’s request for an education, health and care needs assessment**  Please read the accompanying guidance document before completing the form |

This request is made in accordance with section 36 of the Children and Families Act 2014

This means that you have the right to ask for an EHC needs assessment. An EHC needs assessment is an assessment of the educational, health care and social care needs of a child or young person. A young person is over the compulsory school age of 16, but under the age of 25.

**Information sharing and data protection statement**

We will use the information in this form to consider whether to conduct a needs assessment under the requirements of the Children and Families Act 2014.

If an Education, Health and Care Needs Assessment is approved, Achieving for Children will need to seek further professional advice and/or assessment to help decide whether it is necessary to issue an Education, Health and Care Plan.

The information that you and other professionals provide will normally be shared with your consent. There are however, situations when we may share information without your consent such as for safeguarding reasons or to help prevent or detect crime.

Our privacy notice provides further information about how and why we your information.

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| **Your full name** |  |
| **Date of birth** |  |
| **Gender** |  |
| **Home address including postcode** |  |
| **Preferred contact** |  |
| **Other contact details** | Home:  Mobile:  Email: |
| **Language** |  |
| **Ethnicity** |  |
| **Religion** |  |
| **Current or planned school, college, training setting** |  |

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| **GP name** |  |
| **GP address** |  |
| **Do you have a disability or learning difficulty?** |  |
| **If Yes please provide details** |  |

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| **Have you previously had a statement of special educational needs?** |  |

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| **Have you previously had or do you hold a current learning difficulty assessment?** |  |

**Please give details of your needs and detail why you feel an education, health and care assessment is necessary in relation to the following***:* (Please attach any relevant school and professional reports and continue on an additional sheet if necessary)**.**

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| **Summary of your strengths and difficulties** |
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| **The support you believe is required in order to succeed in your education to make a successful transition to adulthood** |
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| **What are your hopes and aspirations?** |
| **Education, learning and work** |
| **Independent living** |
| **Friends, relationships and community** |

Please indicate if you are receiving or have received any support from education support services (educational psychologist, clinical psychologist, targeted youth advisor, specialist teacher), health and/or social care (if reports are available please attach and indicate in the table).

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| **Professional/agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

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| --- | --- |
| **Professional/agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

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| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

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| **Consent**  I have requested that a statutory assessment of my special educational needs is undertaken by Achieving for Children. I understand that in order for this to happen, Achieving for Children will need to contact my school/college, health services, social care or other professionals involved with me as necessary to complete this assessment.  I understand that Achieving for Children will obtain and share information about me for the purpose of the needs assessment, or if an EHC plan is issued, for the duration of the plan and will retain information in line with their retention schedule.  In the event of formal consultation being required, I understand that Achieving for Children will share the EHC plan with my preferred educational setting. If my preference is not the catchment area setting, then Achieving for Children will be required to share the EHC with them as part of the formal consultation process.  I give my consent to Achieving for Children to obtain and share information about me for the purpose of the needs assessment, or if an EHC plan is issued, for the duration of the plan and will retain information in line with their retention schedule.  I understand that I may withdraw my consent at any time and this may result in a reduction of service being made available  **Signed:…………………………………………………………………**  **Name: …………………………………………………………………**  **Date: …………………………………………………………………..** |

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| **Requesting feedback**  Achieving for Children would like to contact you to seek your views on the statutory processes, this will help us make continual improvements to the services we deliver.  **If you consent to us contacting you via telephone and/or email, please check the appropriate box below and ensure that we have the correct contact details.** | |
| **Contact type** | I give consent to contact me via email and via text   I **do not** give consent to contact me via email and via text |

If you need advice in completing this form please contact the AfC Post-16 Advisers Team on 020 8487 5297 or the KIDS SEND Information, Advice and Support Services

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| **KIDS SEND Information, Advice and Support Services** | | | |
| **Email** | [RichmondKingston@kids.org.uk](mailto:RichmondKingston@kids.org.uk) | | |
| **Telephone** | 020 3793 9596 | **Website** | [www.kids.org.uk](http://www.kids.org.uk) |
| **Address** | The Moor Lane Centre  Moor Lane  Chessington KT9 2AA | | Windham Croft Centre for Children  20 Windham Road Richmond TW9 2HP |

Please return this form **electronically** in a **word format**, together with any attachments, to the AfC SEND Team as below. We strongly recommend that this is sent via a secure email system due to the sensitive content. Please contact us if you require any advice on secure emails.

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| **AfC SEN Team contact details** | |
| **Email** | [senteam@achievingforchildren.org.uk](mailto:senteam@achievingforchildren.org.uk) |
| **Telephone** | 020 8547 5872 |
| **Address** | SEND Team, Achieving for Children, Guildhall 2, Kingston KT1 1EU |