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| General Information |
| Please complete as fully as possible. If your child/young person is attending an educational setting, they will be asked to share information about your child/young person within the setting. Please ensure you inform the school SENCo when making an application to avoid delays in information being shared.  *Please note: the local authority is not able to ensure a school response during the summer holidays, therefore an application made in July or September is liable to be delayed.* |

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| --- | --- | --- | --- | --- |
| Child/young person’s details: | | | | |
| Name | Date of birth | Year group | UPN:  *setting will be asked to share this information* | |
|  |  |  |
| Address | | GP details | | |
|  | |  | | |
| First Language | Additional language(s) | | | Gender |
|  |  | | |  |
| Ethnicity | Is there a family early help or social worker involved? (if so, give details) | | | |
|  |  | | | |
| **Religion** | Emergency contact *(who should be contacted if parents are unavailable)* | | | |
|  |  | | | |
| Any diagnoses? (with date diagnosed and by whom) |  | | | |

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| --- | --- | --- | --- | --- |
| Details of all those with Parental Responsibility:  ***Please ensure you detail any people who should not have this form shared with them*** | | | | Is the LA able share information with them? Y/N  (if N, give reason) |
| Name | Address (if different from above) | Email address and telephone number: | Do they require any support during this process? (E.g. translation services, SIAS) |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Current provision | |
| Name of setting / school |  |
| Address of setting / school |  |
| Name of SENCo (where known) |  |

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| --- | --- |
| Have there been any difficulties with attendance? What are the reasons for these? |  |

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| **Details of involvement of external agencies**  *People who have completed work with your child/young person over the last year/18 months – please add rows to the table if needed. Add any referrals which have been made/assessments which are pending.* | | |
| Name | Position | Contact details |
|  | *(e.g. social worker, educational psychologist, speech and language therapist, occupational therapist, physiotherapist, CAMHS)* |  |
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| Parent/Carer Views |
| Consider:   * My child’s cognition and learning abilities considering their age * How my child communicates and interacts with other children, young people and adults * Any sensory, physical or medical challenges * Information about my child’s wellbeing linked to their social, emotional and mental health * How well my child/young person is able to manage their personal care needs independently * How well my child is able to complete tasks independently |
| My child’s strengths |
|  |
| What my child/young person finds difficult |
|  |
| My aspirations for my child/young person for the next four years |
|  |

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| What difference would an EHCP make?  *(please note that maintained mainstream schools have £6000 notional funding to support each child with SEN – a request for EHCNA indicates that this is insufficient to meet the child/young person’s needs)* |
|  |
| Please ensure you have signed the parental consent form (below) and then send the completed form, together with all supporting/additional documents, to:  [SEN@southwark.gov.uk](mailto:SEN@southwark.gov.uk)  If you are unable to send the form by email, please send by post to:  Special Educational Needs (SEN) Team  Southwark Children’s & Adults’ Services  4th Floor  PO Box 64529  London  SE1P 5LX |

PARENTAL AGREEMENT TO PARTNER AGENCIES SHARING INFORMATION FOLLOWING A REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S DETAILS** | | | | | | | |
| Name: | |  | | Date of birth: |  | | |
| Current School: | |  | | | | | |
| So that the Southwark Council SEN team (“the SEN team”) can respond to my request for an education, health and care needs assessment I agree that the SEN team can seek information already held about my child from Southwark Council’s Education services, Family Early Help, Social Care services, from any school or educational setting attended by my child and from Southwark CCG and any relevant Health Trusts in addition to any professionals I have asked you to contact.  I also agree to the SEN team making referrals to any of the above services where it has been identified as appropriate by professionals considering my request for assessment and making referrals to any other service or organisation where its assistance is needed to identify the appropriate provision required for my child. I understand that any such referral will include relevant information held by the SEN team about my child.  If the Southwark Council SEN team agrees to begin an education, health and care needs assessment of my child, I agree to a Medical Examination if required, an assessment by an Educational Psychologist, an assessment by any therapist as required (e.g. speech and language therapist) and for any information obtained by the SEN team relating to the assessment of my child, to be shared with all Services and partner agencies who are consulted in connection with the assessment process.  Examinations and assessments are required as part of the Statutory Assessment process for education, health and care needs under the Children and Families Act 2014 and the SEND regulations 2014. | | | | | | | |
| Parent/Carer Name (In BLOCK CAPITALS) | | |  | | | | |
| Signed: | *If you are sending your form via email please type your name in the signature box* | | | | | Date: |  |
| Please confirm whether you have parental responsibility for the child named above | | | | | | Yes/No  *(delete as appropriate)* | |

**DATA PRIVACY NOTICE**

Data protection legislation states that the Council can only process your data, if we have one of the following reasons to do it.

1.it is necessary to comply with a legal obligation,

2.it is necessary to fulfil a contract

3.it is in the vital interests of the data subject, e.g. life or death situations

4.it is in the official authority/public interest to process your data,

5.we have your consent,

By signing this form you have given us consent to process the data referred to.

Full details of the Council’s data privacy notice can be found on the Southwark Council website, or by contacting the council’s Data Protection Officer by email dpo@southwark.gov.uk, telephone 0207 525 5000 or post:

Data Protection Officer, 2nd floor Hub 1, PO Box 64529, London, SE1P 5LX