



HILLINGDON

LONDON

Parent/Carer/Young Person (aged 16 and over) Request to carry out an Education Health and Care Assessment

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

Young Person 16+		Parent/carer	
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Child/Young Person's Details

Child/Young person's Full Name			
Date of Birth	Gender		Year Group/Course
Ethnicity	Religion	Home Language:	NHS No if known :
LAC: Yes /No	LAC Home Authority :		
In Leaving care Process	Yes		No
Child/Young Person's Address:			
Current Educational Setting:		Date started:	
Previous Educational Setting:		Dates attended:	
Child/Young Person's Doctor and address			

Parent/Carers Details

Name:	
Relationship:	
Telephone No:	
Email:	
Address(if different from above):	

Please attach any relevant school/college and professional reports

Please provide details of any current support in place by education, health and care.

Name	Service	Contact details	Report attached Yes/No

I/we would like the Local Authority to consider my / child's special educational needs. I/we give permission to contact my / child's educational setting, health services, social care or other professionals to obtain information about them.

I/we agree for this information to be shared with all relevant professionals as part of the Education, Health and Care needs assessment process.

Parent/Carer;

1st Parent/Carer Name _____ Signature _____ Date _____

2nd Parent/Carers Name _____ Signature _____ Date _____

Or Young Person's Name (16+) _____

Signature _____ Date _____

Please send this form together with any reports to:

Special Educational Needs Team
London Borough of Hillingdon
Disability Service
4E/05 Civic Centre
Uxbridge
Middlesex
UB8 1UW

For Office Use Only

Date Received:	Response Due By:
SEN Officer :	Panel date:



SEND Team - Early Intervention, Prevention & SEND Service

AGREEMENT TO SHARE INFORMATION BETWEEN PARTNER AGENCIES

Child/Young Person's Details	
Name:	Date of birth:
<p>I understand and consent to Hillingdon Council gathering and sharing information in order to complete an EHC Needs Assessment and to ensure well coordinated services are provided to best meet my needs/the needs of my child.</p> <p>I consent to the gathering and sharing of reports/information between all practitioners and agencies in relation to all aspects of the statutory assessment process. Examinations and assessments are required as part of the statutory assessment process for special educational needs under Part 3 of the Children and Families Act 2014.</p> <p>This may include, but is not limited to:</p> <ul style="list-style-type: none">• the child's/young person's school or education setting• the Educational Psychology Service• Social Care Services• Health Services (such as a paediatrician, dietician, paediatric community nurse, health visitor, physiotherapy and occupational therapy, speech and language therapy, GP, school nurse, Emotional Well Being and Mental Health Service) <p>I also consent to the ongoing monitoring of mine/my child's needs through the Annual Review of my/their Education, Health and Care Plan (EHCP), if issued, in line with Part 3 of the Children and Families Act 2014.</p>	
Parent//Carer or Young Person's Name (BLOCK CAPITALS)	

Signed:		Date:	
<i>By signing this document you are agreeing to the sharing of any information obtained with all services & partner agencies involved</i>			

Information you provide when applying for an assessment of your/your child's needs will be entered on a computerised database. Your information is protected by the Data Protection Act 2018, which ensures it can only be used for defined purposes and be passed only to specific people. Under the General Data Protection Regulation (GDPR) you have the right to withdraw your consent at any time.