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| **Education, Health and Care Needs Assessment Request****Young Persons Request Form** This form is for Young People age 16 or over to request an EHC Needs Assessment for themselves. |

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

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| 1. **1. My Personal Details**
 |
| Full name: |  |
| I like to be known as: |  |
| Date of birth: |  | Gender: |  |
| Ethnicity: |  | Religion: |  |
| Home address: |  |
| Telephone number: |  | E-mail:  |   |
| Preferred method of communication?  | Letter [ ]  Email [ ]  Telephone [ ]  |
| First Language |  |
| Any support needs? |  |
| Social care status? | Not Applicable [ ]  Child In Need (CIN) [ ]  Child Looked After (CLA) [ ]  Care Leaver [ ]   |
| UPN: |  | NHS No: |  |
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| 1. **Significant people who can support me with this process**
 |
| Relationship to learner:  |  | Title:  |  |
| First name: |  | Surname: |  |
| Home address: |  |
| Telephone: |  | E-mail: |  |
| Preferred method of communication?  | Letter [ ]  Email [ ]  Telephone [ ]  |
| First Language |  |
| Any support needs? |  |
| Would you like this person to receive copies of communication to support you with this process? | Yes [ ]  No [ ]   |
|  |
| Relationship to learner:  |  | Title: |  |
| First name: |  | Surname: |  |
| Home address: |  |
| Telephone: |  | E-mail: |  |
| Preferred method of communication?  | Letter [ ]  Email [ ]  Telephone [ ]  |
| First Language |  |
| Any support needs? |  |
| Would you like this person to receive copies of communication to support you with this process? | Yes [ ]  No [ ]   |

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| 1. **Details of current education setting**
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| Name of current educational setting:*(school/college/work/training provider)* |  |
| Current year group: |  |
| Date of entry to current educational setting: |  |
| Name and role of main contact in setting: |  |

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| **4. My GP Details** |
| GP Name |  |
| GP/Surgery Address |  |

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| 1. **External Agency/Professionals Involvement**

Please indicate if you are currently receiving any support from specialist services (e.g. Educational Psychologist, Specialist Teacher), health and/or social care.If reports they have recently written are available, please attach them to the end of this request for assessment and indicate in the table: |
| Name: | Job title: | Organisation: | Contact details: | Involvement Date | Report Included? |
| From | To |
|  |  |  |  |  |  | Yes [ ]  No [ ]   |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |

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| **6. My views**  |
| What do I like about education? What am I good at? |
| My Views |  |
| What others say |  |
| What do I not like about education? What do I find difficult? |
| My Views |  |
| What others say |  |
| What can others do to help me learn?  |
| My Views |  |
| What others say |  |
| What do you hope will be achieved as a result of this request for Education Health and Care Assessment? |
| *Why is a request for assessment being submitted now?* *What do you hope this process will provide for you?* *What difference would an EHC Assessment make?* |
| If an assessment is agreed I would like further or more up to date information to be requested from the following people |
| *Are there people who you would like up to date information or advice from if an Education, Health and Care Assessment is agreed?**This is an opportunity to identify those who know you well and who are able to provide details on your strengths, difficulties and support which is in place or required.* *This may include people such as health or medical practitioners, family support or social workers, voluntary support agencies, youth group or club leaders etc.* |
| Is there any information you would like to share relating to your Special Educational Needs to support a request for an Education Health and Care Assessment? |
| *This is an opportunity for you to provide additional information at this early stage if you wish. There is no requirement for this box to be completed.* |

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| **Young Persons Consent** |
| I would like the Local Authority to consider my special educational needs and agree that information about me can be accessed on a ‘needs to know’ basis by education, health and social care as appropriate and can be shared with future providers to help them plan provision and appropriate support. I also agree that the Local Authority can seek information and advice from other services as appropriate. |
| **Signature of person giving consent:** |  |
| **Name of person giving consent:** |  |
| **Contact telephone no:** |  |
| **Contact e-mail:** |  |
| **Date:** |  |

**Please return this form, together with any additional reports that you wish to be considered to:**

**By post:** SEND Assessment & Review Team, Hull City Council, 79 Lowgate, Hull, HU1 1HP

**By e-mail:** In Microsoft Word format to: SEND@hullcc.gov.uk.

Please password protect the document using password: send

To do this, while in the open document in Word go to File > Protect Document > Encrypt with Password > enter password: send > ok > re-enter password: send > ok. Then save the document and attach it to an e-mail.]